

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date ( // / )</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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Type of Equipment/Vehicles/Motorized Equipment			
<input checked="" type="checkbox"/>	Field Service Trailer	<input type="checkbox"/>	Roll-off Tractor Truck
<input checked="" type="checkbox"/>	Excavators	<input type="checkbox"/>	Roll-off containers
<input checked="" type="checkbox"/>	Loader	<input type="checkbox"/>	Dump Truck/Triaxle
<input checked="" type="checkbox"/>	Track Dozer	<input type="checkbox"/>	Dump Trailers
<input checked="" type="checkbox"/>	Skid Steer Loader	<input checked="" type="checkbox"/>	Pickup Utility Trucks
<input checked="" type="checkbox"/>	Frac Tank	<input checked="" type="checkbox"/>	Sump Pump
<input checked="" type="checkbox"/>	Generator	<input type="checkbox"/>	Trench Box
<input type="checkbox"/>	Water Buffalo	<input type="checkbox"/>	NaOH Storage Tank
<input type="checkbox"/>	Sawzail	<input type="checkbox"/>	Other (list)

This work also requires the use of the permits or documents checked below	
<input checked="" type="checkbox"/>	PROJECT-SPECIFIC HASP
<input type="checkbox"/>	LOCK-OUT, TAG-OUT PERMIT
<input checked="" type="checkbox"/>	PRE-TASK PLANNING FORM
<input type="checkbox"/>	CONFINED SPACE ENTRY PERMIT
<input type="checkbox"/>	OTHERS (LIST)

Anticipated Project Risks and Hazards Identification Identify the source/s used and include necessary specific information (See Daily Pre-Task Plan for day-specific information)				
Used	N/A	Source	Specific Risk or Hazard that needs to be addressed	
X		Pre-work Inspection of the work site	See SES HASP	
X		MSDS review / includes any 'new' chemicals	MSDS Sheets Provided in HASP	
	X	Crane Operations		
	X	Elevated Work		
X		Environmental Conditions	See SES HASP	
X		Heavy Powered Mobile Equipment Use	Excavators to load soil into trucks, truck traffic	
	X	Language / Communication Difficulties		
X		Materials to be used	See Pre-Task Plan	
	X	Overhead Work / Rigging		
	X	Special Equipment to be used		
X		Trenching / Excavation	See SES HASP	
	X	Utilities System tie-in / restrictions		
X		Other Risks or Hazards	PCB/VOC-contaminated soils; Sodium Persulfate	
Anticipated Project Required Precautions & Protective Measures Be sure that each identified Risk or Hazard is addressed (See Daily Pre-Task Plan for day-specific information)				
Need	N/A	Area	Specific measures that are required	
X		Access & Egress Plans (People & Equipment)	To be developed on site with SES work crew	
	X	Barricades needed		
	X	BASF equipment / materials to be used		
	X	Electrical safety equipment required		
	X	Elevator use		
X		Emergency Equipment	See SES HASP	
X		Emergency Plans / Emergency Responder	See SES HASP	
	X	Fall protection		
X		First Aid / Medical Treatment provisions	See SES HASP	
	X	HOT WORK Procedure requirements		
	X	HVAC System requirements		
	X	LINE-BREAKING procedure requirements		

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (1/1/2018)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffolds / decking	
<input checked="" type="checkbox"/>		Temporary electrical power	See SES HASP
	<input checked="" type="checkbox"/>	Temporary Utilities services	
<input checked="" type="checkbox"/>		Trench / Excavation Boxes	See SES HASP
		Other Requirements	

Required Personal Protective Equipment (PPE) Identify the source/s used and check the appropriate boxes									
		<input type="checkbox"/> PPE GRID	<input checked="" type="checkbox"/> MSDS	<input type="checkbox"/> BASF Knowledge	<input type="checkbox"/> Work Provider Knowledge	<input type="checkbox"/> Prior SWP			
YES	NO	ITEM			YES	NO	Item		
<input checked="" type="checkbox"/>		Hardhat (either) <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Plastic				<input checked="" type="checkbox"/>	Rain Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants
<input checked="" type="checkbox"/>		Safety Glasses, ANZI-rated, side shields				<input checked="" type="checkbox"/>	Chemical Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants
	<input checked="" type="checkbox"/>	Goggles <input type="checkbox"/> Chemical <input type="checkbox"/> Dust				<input checked="" type="checkbox"/>	Personal Fall Protection Equipment		
	<input checked="" type="checkbox"/>	Faceshield			<input checked="" type="checkbox"/>		Gloves	<input checked="" type="checkbox"/> Chemical	<input type="checkbox"/> Work
<input checked="" type="checkbox"/>		Hearing Protection <input checked="" type="checkbox"/> Plugs <input type="checkbox"/> Muffs			<input checked="" type="checkbox"/>		Long sleeve shirt and steel toed boots with steel shank		
	<input checked="" type="checkbox"/>	Respirator <input type="checkbox"/> Half-mask <input type="checkbox"/> Full-face			<input checked="" type="checkbox"/>		Boots	<input type="checkbox"/> Rubber	<input checked="" type="checkbox"/> Other
	<input checked="" type="checkbox"/>	Dust Mask				<input checked="" type="checkbox"/>	Welding Protection		
	<input checked="" type="checkbox"/>	Fire Retardant Electrical Clothing				<input checked="" type="checkbox"/>	Retrieval System for Confined Spaces		
<input checked="" type="checkbox"/>		Eyewash Station			<input checked="" type="checkbox"/>		Mobile phone or radios		
<input checked="" type="checkbox"/>		Tyvek Suits			<input checked="" type="checkbox"/>		Insect repellent, sunscreen		
		Other PPE (list)			<input checked="" type="checkbox"/>		High-visibility, reflective vest		

Training Requirements		
Need	N/A	Area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BASF Safety Orientation (if required)
<input checked="" type="checkbox"/>		MSDS Reviews
<input checked="" type="checkbox"/>		Review of precautions listed above per SES HASP
<input checked="" type="checkbox"/>		Review of required PPE
		Other training (specify) –



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/21)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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STRATEGIC ENVIRONMENTAL SERVICES	PROJECT / JOB / TASK (Description): BASF Cranston/CMI Implementation	LOCATION: 180 Mill Street, Cranston, RI	DATE
<b>PRE-TASK PLAN (PTP)</b>	SES SUPERVISOR: <i>Brian R. Rife</i>		

Note: SES Daily Report Forms are completed daily (see attached), documenting work progress, equipment, personnel, weather, issues encountered and resolution, health and safety actions/issues, changes in work conditions, client interface.

Task List (Check off AND Circle today's activities)	
<input type="checkbox"/>	Task 1 - Permitting
<input type="checkbox"/>	Task 2 - Mobilization/Site Prep/Road & Decontamination Road Installation/Erosion Controls
<input type="checkbox"/>	Task 3 - Excavation/Decontamination/Soil Stock Piling/Loading/ISCO/Dewatering/Liquid Management
<input checked="" type="checkbox"/>	Task 4 - Transportation and Disposal of Contaminated Material
<input checked="" type="checkbox"/>	Task 5 - Backfilling and Grading/Geotextile and Vegetation Placement
<input type="checkbox"/>	Task 6 - Demobilization

Tasks, Potential Hazards, and Recommended Actions or Procedures				
Today's Activities (Check Each)	Task Number(s)	Hazards	Relative Hazard /Risk Rating*	Hazard Controls Mechanism and/or JSA (See HASP)
<input checked="" type="checkbox"/>	3	Chemical Hazards	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 10
<input checked="" type="checkbox"/>	3,4,5	Dust/Fumes/Particulates	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B2 Dust: JSAs 1,2,4,5,6
<input type="checkbox"/>	3,4,5,6	Job Zone Control	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B3 Job Zone Control; All JSAs
<input type="checkbox"/>	3,4,5,6	Heat	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B4 Heat: All JSAs
<input checked="" type="checkbox"/>	3,4,5,6	Cold	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B5 Cold; All JSAs
<input type="checkbox"/>	1,3,4,5,6	Severe Weather	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B6 Severe Weather: All JSAs
<input checked="" type="checkbox"/>	3,4,5,6	Walking/Working Surfaces	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas: JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Noise	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B8 Noise: All JSA's
<input type="checkbox"/>	5,6	Live Electrical Equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B14 Live Electrical Equip: JSA 5,6,9
<input type="checkbox"/>	4,5	Poor Lighting	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas; JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Overhead Hazards	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B15 Overhead Hazards: JSA 2,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Traffic Management (Vehicle, pedestrian interference)	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B17 Traffic Management: All JSA
<input checked="" type="checkbox"/>	5,6	Heavy machinery/drill rigs	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B18 Heavy Machinery: JSA 4,5
<input checked="" type="checkbox"/>	5,6	Trenching/Excavation	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B19 Trenching/Excavation: JSA 4,5,6,8
<input checked="" type="checkbox"/>	1,3,4,5,6	Vehicle use	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B20 Vehicle Use: All JSA
<input type="checkbox"/>	2,3	Work near/on water	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B21 Work Near/On Water: JSA 1
<input type="checkbox"/>	4,5	Elevated heights (<4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B22 Working from Heights (<4 feet)





**BASF**  
**180 Mill Street, Lot 1102**  
**Cranston, RI**

Date	Name	Company Name	Time In	Time out
11-21	John Come	SES	630	1430
11/21/18	Michael James	SES	630	1500
11/21/18	John Leighton	SES	630	3:00
11/21/18	B RDE	SES	6:30	15:00
11/21/18	Charles McCarthy	SES	6:31	15:01
11/21/18	Aaron Ting	AEI	0630	1430
11/21/18	Joseph Drebaum	AEI	0630	1430
11/21/18	Evan Hunning	AEI	0710	1345

# DAILY PROJECT REPORT

Project: BASF, Lot 1102  
180 Mill Street  
Cranston, RI

Submitted By: Aaron C. Ting

Signature: 

Date: 11/26/2018

**AEI**  
Consultants

Weather: Partly Cloudy, Rain in evening

Daily

Precipitation: 0.96"

Temp: 43-13

(Hi - low)

## PERSONNEL/EQUIPMENT

Contractor	No.	
	Superintendent	
	1 Foremen	SES
	H&S/QA Officer	
	2 Operators	SES
	2 Laborers	SES
	Other Trades (Surveyor)	

SubContractor No. Company/Firm

7 Total Personnel On Site

Owner/Representative: N/A

AEI Personnel: Aaron Ting

1

Joseph Drebaum

1

Visitors On Site: N/A

## MAJOR EQUIPMENT:

1 support truck, Bobcat 289D skid steer, CAT 320C and 320E excavators  
CAT 996H Loader, 5 and 1 micron filters, vibratory roller  
carbon filtration system  
2-trash/recycling bins, 2-100 yd rail cars, 1-21,000 gallon frac tanks  
4,000 gallon baffle, 10,000 gallon, and 20,000 gallon frac tanks

## EQUIPMENT/MATERIALS RECEIVED:

8,000 gallon frac tank demobilized

## WORK COMPLETED:

Emplacing geotextile fabric; Mirafi 180N. About 2% of the total site was covered (approximately 2,025 square feet) on the northern side of the site, adjacent to the 25-foot sewer easement. Imported processed gravel was emplaced on top of the geotextile fabric. About 170.3 tons of processed gravel delivered.

Conducted soil erosion and sediment control plan inspection. No issues noted.

SES moving construction entrance to northwestern corner of the property to allow for continuation of wedge cut along Mill Street and importation of clean final cover material. Fabric and 1.5-inch stone were emplaced for the construction entrance.

Investigated location of former 1,200 gallon septic tank adjacent to former building 14, located on northwestern portion of the site. Located a brick structure that may have been a part of the septic system. No fluid or other material identified inside the structure. SES to fill in with clean sand in conformance with specifications.

Emplaced about 2,450 square feet of impermeable liner on the southern side of the site.

Continued cutting wedge, about 60 linear feet. To date, about 80% of the wedge has been completed (approximately 800 cy of soil removed and utilized for backfill).

Discussed with R. Kowalski the sewer main manholes (3) located along the northern property boundary and the potential need to extend the height of each. Informed SES and provided map given by Veolia sewer department for SES to locate the sewer manholes. Could not locate.

AEI processed samples collected last Wednesday (11/21/18) on the Dextsil analyzer for PCB analysis. Some samples, based upon results, were sent to the lab for PCB analysis.

AEI setup perimeter dust monitors. A few dust alerts were observed, but upon further investigation, no dust was being generated. Observed the monitor and no issues were noted.

## HEALTH & SAFETY:

AEI has reviewed SES's Safe Work Form/Pre-Task Plan for today, and verifies, by signing below, that these documents comply with the procedures and content of SES's HASP."

AEI Signature: 

SES/AEI conducted daily H&S tailgate meeting to review work scope and safety precautions/JSA's associated with safe work practices. See SES SWP/PTP for topics discussed and issues raised.

## ISSUES/CHANGES/RESOLUTIONS:

N/A

## DISCUSSIONS/CLIENT DIRECTION:

N/A



STRATEGIC ENVIRONMENTAL SERVICES, INC.  
 362 Putnam Hill Road  
 Sutton, Massachusetts 01590  
 Office: (508) 757-7782  
 Fax: (508) 363-2346  
 www.strategic-es.com



STRATEGIC  
ENVIRONMENTAL SERVICES

## DAILY WORKSHEET

Date: 9/26/18

Project Number: 18-0315

### CLIENT / SITE INFORMATION

Name: BASF

Address: 180 Mill St  
 Cranston RI

Contact:

PROJECTS NOTES Mob to site. Tailgate talk set up with  
 pad "move" make new entrance. Finish approx 60' wedge along  
 mill st. Lay down ~~liner~~ liner @ input 5 loads of  
 process + start 1' cap by new entrance clean up + secure site.

### LABOR

Name	Position	Travel	On-site	Off-Site	Travel
B. ROSE	FS	5:30	6:30	15:00	16:00
C. MCCARTHY	FT	6:30	7:00		15:30
J. HERNAN	FT				
J. LEIGHTON	OP				
J. GOMES	OP				

### MATERIALS / EQUIPMENT / TOOLS

Quantity	Item / Description
	PPE Level: A B C D
1	CAT 320
1	CAT 966
1	CAT SKID STEER
1	Roller
1	CAT 320 SBS
2	GEN
1	TOILET
1	Roll poly

### SUBCONTRACTORS








<b>Project:</b> <b>BASF Facility</b> Cranston, RI Date (11/24)	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> (Page __ of __)
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<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (1/1/26)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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Type of Equipment/Vehicles/Motorized Equipment	
<input checked="" type="checkbox"/> Field Service Trailer	<input type="checkbox"/> Roll-off Tractor Truck
<input checked="" type="checkbox"/> Excavators	<input checked="" type="checkbox"/> Roll-off containers
<input checked="" type="checkbox"/> Loader	<input type="checkbox"/> Dump Truck/Triaxle
<input type="checkbox"/> Track Dozer	<input type="checkbox"/> Dump Trailers
<input checked="" type="checkbox"/> Skid Steer Loader	<input checked="" type="checkbox"/> Pickup Utility Trucks
<input checked="" type="checkbox"/> Frac Tank	<input checked="" type="checkbox"/> Sump Pump
<input checked="" type="checkbox"/> Generator	<input type="checkbox"/> Trench Box
<input type="checkbox"/> Water Buffalo	<input type="checkbox"/> NaOH Storage Tank
<input type="checkbox"/> Sawzall	<input checked="" type="checkbox"/> Other (list) <i>Vibratory Roller</i>

<b>This work also requires the use of the permits or documents checked below</b>	
<input checked="" type="checkbox"/> PROJECT-SPECIFIC HASP	
<input type="checkbox"/> LOCK-OUT, TAG-OUT PERMIT	
<input checked="" type="checkbox"/> PRE-TASK PLANNING FORM	
<input type="checkbox"/> CONFINED SPACE ENTRY PERMIT	
<input type="checkbox"/> OTHERS (LIST)	

Anticipated Project Risks and Hazards Identification Identify the source/s used and include necessary specific information (See Daily Pre-Task Plan for day-specific information)			
Used	N/A	Source	Specific Risk or Hazard that needs to be addressed
X		Pre-work Inspection of the work site	See SES HASP
X		MSDS review / includes any 'new' chemicals	MSDS Sheets Provided in HASP
	X	Crane Operations	
	X	Elevated Work	
X		Environmental Conditions	See SES HASP
X		Heavy Powered Mobile Equipment Use	Excavators to load soil into trucks, truck traffic
	X	Language / Communication Difficulties	
X		Materials to be used	See Pre-Task Plan
	X	Overhead Work / Rigging	
	X	Special Equipment to be used	
X		Trenching / Excavation	See SES HASP
	X	Utilities System tie-in / restrictions	
X		Other Risks or Hazards	PCB/VOC-contaminated soils; Sodium Persulfate

Anticipated Project Required Precautions & Protective Measures Be sure that each identified Risk or Hazard is addressed (See Daily Pre-Task Plan for day-specific information)			
Need	N/A	Area	Specific measures that are required
X		Access & Egress Plans (People & Equipment)	To be developed on site with SES work crew
	X	Barricades needed	
	X	BARF equipment / materials to be used	
	X	Electrical safety equipment required	
	X	Elevator use	
X		Emergency Equipment	See SES HASP
X		Emergency Plans / Emergency Responder	See SES HASP
	X	Fall protection	
X		First Aid / Medical Treatment provisions	See SES HASP
	X	HOT WORK Procedure requirements	
	X	HVAC System requirements	
	X	LINE-BREAKING procedure requirements	



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date</b> <u>1/1/20</u>	<h2 style="margin: 0;">DAILY SAFE WORK FORM</h2>	<b>SES</b> (Page <u>  </u> of <u>  </u> )
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffolding / dacking	
<input checked="" type="checkbox"/>		Temporary electrical power	See SES HASP
	<input checked="" type="checkbox"/>	Temporary Utilities services	
<input checked="" type="checkbox"/>		Trench / Excavation Boxes	See SES HASP
		Other Requirements	

Required Personal Protective Equipment (PPE) Identify the source/s used and check the appropriate boxes									
		<input type="checkbox"/> PPE GRID	<input checked="" type="checkbox"/> MSDS	<input type="checkbox"/> BASF Knowledge	<input type="checkbox"/> Work Provider Knowledge		<input type="checkbox"/> Prior SWP		
YES	NO	ITEM			YES	NO	ITEM		
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
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<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			

Training Requirements		
YES	NO	ITEM
<input checked="" type="checkbox"/>		BASF Safety Orientation (if required)
<input checked="" type="checkbox"/>		MSDS Reviews
<input checked="" type="checkbox"/>		Review of precautions listed above per SES HASP
<input checked="" type="checkbox"/>		Review of required PPE
		Other training (specify) -

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (1/17/26)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<b>STRATEGY:</b> <b>ENVIRONMENTAL SERVICES</b>	<b>PROJECT / JOB / TASK (Description):</b> <b>BASF Cranston/CMI Implementation</b>	<b>LOCATION:</b> <b>180 Mill Street</b> <b>Cranston, RI</b>	<b>DATE:</b> 
<b>PRE-TASK PLAN (PTP)</b>	<b>SES SUPERVISOR:</b> <i>BRAN ROE</i>		

Note: SES Daily Report Forms are completed daily (see attached), documenting work progress, equipment, personnel, weather, issues encountered and resolution, health and safety actions/issues, changes in work conditions, client interface.

Task List (Check off AND Circle today's activities)	
<input type="checkbox"/>	Task 1 - Permitting
<input type="checkbox"/>	Task 2 - Mobilization/Site Prep/Road & Decontamination Road Installation/Erosion Controls
<input checked="" type="checkbox"/>	Task 3 - Excavation/Decontamination/Soil Stock Piling/Loading/ISCO/Dewatering/Liquid Management
<input type="checkbox"/>	Task 4 - Transportation and Disposal of Contaminated Material
<input checked="" type="checkbox"/>	Task 5 - Backfilling and Grading/Geotextile and Vegetation Placement

Tasks, Potential Hazards, and Recommended Actions or Procedures				
Today's Activities (Check Each)	Task Number(s)	Hazards	Relative Hazard /Risk Rating*	Hazard Controls Mechanism and/or JSA (See HASP)
<input checked="" type="checkbox"/>	3	Chemical Hazards	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 10
<input checked="" type="checkbox"/>	3, 4, 5, 6	Job Zone Control	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B3 Job Zone Control: All JSAs
<input type="checkbox"/>	3, 4, 5, 6	Heat	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B4 Heat: All JSAs
<input type="checkbox"/>	3, 4, 5, 6	Cold	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B5 Cold: All JSAs
<input checked="" type="checkbox"/>	1, 3, 4, 5, 6	Severe Weather	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B6 Severe Weather: All JSAs
<input checked="" type="checkbox"/>	3, 4, 5, 6	Walking/Working Surfaces	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas: JSA 1, 3, 4, 7
<input type="checkbox"/>	4, 5, 6	Noise	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B8 Noise: All JSA's
<input type="checkbox"/>	5, 6	Live Electrical Equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B14 Live Electrical Equip: JSA 5, 6, 9
<input type="checkbox"/>	4, 5	Poor Lighting	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas; JSA 1, 3, 4, 7
<input type="checkbox"/>	4, 5, 6	Overhead Hazards	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B15 Overhead Hazards: JSA 2, 5, 6
<input checked="" type="checkbox"/>		(Vehicle, pedestrian interference)		B16 Vehicle: All JSAs
<input checked="" type="checkbox"/>	5, 6	Heavy machinery/drill rigs	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B18 Heavy Machinery: JSA 4, 5
<input checked="" type="checkbox"/>	5, 6	Trenching/Excavation	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B19 Trenching/Excavation: JSA 4, 5, 6, 8
<input checked="" type="checkbox"/>	1, 3, 4, 5, 6	Vehicle use	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B20 Vehicle Use: All JSA
<input type="checkbox"/>	2, 3	Work near/on water	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B21 Work near/on Water: JSA
<input type="checkbox"/>	4, 5	Elevated Heights (> 4 ft)	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B22 Working from Heights (> 4 feet)





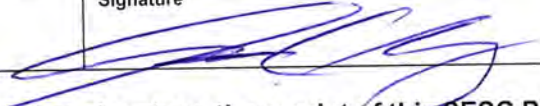
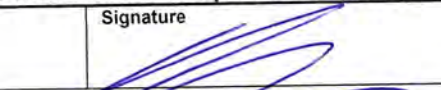
## SESC Plan Inspection Report

Project Information			
Name	Former Ciba-Geigy Facility		
Location	180 Mill Street, Cranston, RI (Lot 1102)		
DEM Permit No.	18-0048/RIR101724		
Site Owner	Name Joseph Guarnaccia	Phone 973-245-5269	Email Joseph.guarnaccia@basf.com
Site Operator	Name Brian Roe	Phone —	Email broe@strategic-es.com
Inspection Information			
Inspector Name	Name Aaron C. Ting	Phone 978-577-7138	Email ating@aeiconsultants.com
Inspection Date	11/26/18	Start/End Time	0800-0830
Inspection Type <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event <input type="checkbox"/> Other			
Weather Information			
Last Rain Event Date: N/A    Duration (hrs):    Approximate Rainfall (in):			
Rain Gauge Location & Source: On-site weather station (Davis Vantage Pro)			
Weather at time of this inspection: Foggy, 39°F			

Check statement that applies then sign and date below:

☒ I, as the designated Inspector, certify that this site has been inspected as required by regulation and I have determined that maintenance and corrective actions are not required at this time.

☐ I, as the designated Inspector, certify that this site has been inspected as required by regulation and I have made the determination that the site requires corrective actions. The required corrective actions are noted within this inspection report.

Inspector:	Print Name	Signature	Date
	Aaron C. Ting		11/26/18
The Site Operator acknowledges by his/her signature, the receipt of this SESC Plan inspection report and its findings. He/she acknowledges that all recommended corrective actions must be completed and documentation of all such corrective actions must be made in this inspection report per applicable regulations.			
Operator:	Print Name	Signature	Date
	Brian Roe		11/26/18



**Site-specific Control Measures**

Number the structural and non-structural stormwater control measures identified in the SESC Plan and on the SESC Site Plans and list them below (add as necessary). Bring a copy of this inspection form and any applicable SESC Site Plans with you during your inspections. This list will assist you to inspect all control measures at your site.

FILL THIS TABLE USING THE SESC PLAN TABLES 2.11 & 3.12.

	Location/Station	Control Measure Description	Installed & Operating Properly?	Assoc. Photo/ Figure #	Corrective Action Needed (Yes or No; if 'Yes', please detail action required)
1	Construction Site Exit including decontamination pad	RIDOT Standard Specifications RI Soil Erosion and Sediment Control Book	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	see photo tag SES moving entrance at time of inspection	Decon pad available on both lots
2	Project-wide including material stockpiles	Perimeter – compost filter socks (RIDOT 9.2.0); Stockpiles – haybales (RIDOT standard specification 206, 212)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	see photo 105	
3	Project wide including material stockpiles	RI SESC Handbook Water for dust control/cover stockpiles RIDOT Standard Specification/RISEC Handbook	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4	Adjacent Roads	Roads adjacent to construction site shall be clean at the end of each workday	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5	Project-wide	Pickup construction trash/debris	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6	Project-wide	Spill prevention/spill containment measures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7			<input type="checkbox"/> Yes <input type="checkbox"/> No		
8			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**General Site Issues**

Below are some general site issues that should be assessed during inspections. Please **customize** this list as needed for conditions at the site.

	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
1	Have all control measures been installed as specified in the RISESC Handbook and prior to any earth disturbing activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo tag ↓	
2	Are appropriate limits of disturbance (LOD) established?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3	Are controls that limit runoff from exposed soils by diverting, retaining, or detaining flows (such as check dams, sediment basins, etc.) in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
4	Are all temporary conveyance practices installed correctly and functioning as designed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
5	Has maintenance been performed as required to ensure continued proper function of all temporary conveyances practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
6	Were all exposed soils seeded by October 15 <sup>th</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
7	Have soils been stabilized where earth disturbance activities have permanently or temporarily ceased on any portion of the site and will not resume for more than 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
8	In instances where adequate vegetative stabilization was not established by November 15 <sup>th</sup> , have non-vegetative erosion control measures must be employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
9	If work is to continue from October 15 <sup>th</sup> through April 15 <sup>th</sup> , are steps taken to ensure that only the day's work area will be exposed and all erodible soil is stabilized within 5 working days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
10	Have inlet protection measures (such as fabric drop inlet protection, curb drop inlet protection, etc.) been properly installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
11	Has the operator cleaned and maintained inlet protection measures when needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
12	Has the operator removed accumulated sediment adjacent to inlet protection measures within 24 hours of detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		



	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
13	Has the operator properly installed outlet protection (such as riprap, turf mats, etc.) at all temporary and permanent discharge points?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
14	Are all outlet protection measures functioning properly in order to reduce discharge velocity, promote infiltration, and eliminate scour?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
15	Have all discharge points been inspected to ensure the prevention of scouring and channel erosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
16	Have sediment controls been installed along perimeter areas that will receive stormwater from earth disturbing activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log ↓	
17	Is the operator maintaining sediment controls in accordance with the requirements in the RI SESC Handbook?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
18	Have temporary sediment barriers been installed around permanent infiltration areas (such as bioretention areas, infiltration basins, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
19	Have staging areas and equipment routing been implemented to avoid compaction where permanent infiltration areas will be located?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
20	Are surface outlet structures (such as skimmers, siphons, etc.) installed for each temporary sediment basin? [Exception: frozen conditions]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
21	Have all temporary sediment basins or traps been inspected and maintained as required to ensure proper function?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
22	Does the project include the use of polymers, flocculants, or other chemicals to control erosion, sedimentation, or runoff from the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
23	Are all chemicals being managed in accordance with Appendix J of the RISESC Handbook and current best management practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
24	Has the site operator taken steps to <b>prohibit</b> the following pollutant discharges on the site?			
a	Contaminated groundwater.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log	

	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
b	Wastewater from washout of concrete, unless properly contained, managed, and disposed of.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c	Wastewater from washout and cleanout of stucco, paint, form release oils, curing compounds, and other construction products.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
d	Fuels, oils, or other pollutants used in vehicle and equipment operation and maintenance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo log	
e	Soaps or solvents used in vehicle and equipment washing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
f	Toxic or hazardous substances from a spill or other release.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
25	Is the operator using properly constructed entrances/exits to the site so sediment removal occurs prior to vehicles exiting?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
26	If needed, are additional controls (such as rumble strips, rattle plates, etc.) in place to remove sediment from tires prior to exiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
27	Is sediment track-out being removed by the end of the same workday in which it occurs (via sweeping, shoveling, or vacuuming)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo log	
28	Are all wastes generated at the site being managed and properly disposed of by the end of each workday?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
29	Are all chemicals and hazardous waste materials stored properly in covered areas and surrounded by containment control systems?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
30	Has the operator established highly visible locations for the storage of spill prevention and control equipment on the construction site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
31	Are allowable non-stormwater discharges being managed properly with adequate controls?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
32	Is the site operator properly managing groundwater or stormwater that is removed from excavations, trenches, or similar points of accumulation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
33	Are proper procedures and controls in place for the storage of materials that may discharge pollutants if	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	



	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
	exposed to stormwater?			
	Are stockpiles located within the limits of disturbance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo log	
	Are stockpiles being protected from contact with stormwater using a temporary sediment barrier?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
	Where needed, has cover or appropriate temporary vegetative or structural stabilization been utilized for stockpiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
	Is the operator effectively managing the generation of dust through the use of water, chemicals, or minimization of exposed soil?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Soil wet from rainfall	
	Are designated washout areas (such as wheel washing stations, washout for concrete, paint, stucco, etc.) clearly marked on the site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log	
	Are vehicle fueling and maintenance areas properly located to prevent pollutants from impacting stormwater and sensitive receptors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
	(Other)			

<sup>C</sup> PROJECT: Cranston, RI

INSPECTION DATE: 11/26/18

General Field Comments: N/A



## Photos:

Photo #: 1	 A photograph of a decontamination pad at the North Site. The pad is a flat, dark, gravelly surface. In the background, there are several large white plastic bags or covers, some with red markings, and a line of bare trees. A utility pole is visible on the left side of the image.	Station: North Site Description: Decontamination pad located on Lot 2682 and temporary stockpiles covered by poly.
Photo #: 2	 A photograph of a CFS (Covered Fill Surface) along the northeast property boundary. The CFS is a long, narrow, concrete structure with a green cover material. Orange safety netting is draped over the top of the CFS. The surrounding area is a mix of dirt, gravel, and some vegetation. A concrete wall is visible in the background.	Station: Northeast Site Description: CFS located along northeast property boundary. Wedge cut made in front of CFS is needed to emplace the final 2-feet of cover material.

Photo #: 3	Station: East Site Description: CFS located along eastern property boundary adjacent to riverway.
	
Photo #: 4	Station: Northeast Site Description: Fractionation tanks to manage onsite groundwater removed from excavations.
	



Photo #: 5	Station: Southwest Site
	Description: Staked silt fence along southwestern portion of the site adjacent to riverway.

**BASF**  
**180 Mill Street, Lot 1102**  
**Cranston, RI**

Date	Name	Company Name	Time In	Time out
11/26/	B. ROH	SES	06:30	15:00
11-26	J. LEIGHON	SES	06:30	15:00
11/26	John Gomer	SES	0700	1500
11/26	Joe Hefner	SES	0700	1500
11/26	Charles McCarthy	SES	0700	1500
11/26/18	Aaron Ting	AEI	0700	1510
11/26/18	Joseph Drebnium	AEI	07:00	1500



**DAILY PROJECT REPORT**

Project: BASF, Lot 1102  
180 Mill Street  
Cranston, RI

Submitted By: Aaron C. Ting

Signature: 

Date: 11/27/2018



Weather: Light rain in morning, Cloudy

Daily

Precipitation: 0.23"

Temp: 43-13  
(Hi - low)

**PERSONNEL/EQUIPMENT**

Contractor	No.		Owner/Representative: N/A
	Superintendent		
	1 Foremen	SES	
	H&S/QA Officer		AEI Personnel: Aaron Ting 1
	2 Operators	SES	Joseph Drebaum 1
	2 Laborers	SES	
	Other Trades (Surveyor)		
SubContractor	No.	Company/Firm	Visitors On Site: N/A
	1	Diprete	
	8	Total Personnel On Site	

**MAJOR EQUIPMENT:****EQUIPMENT/MATERIALS RECEIVED:**

1 support truck, Bobcat 289D skid steer, CAT 320C and 320E excavators

2 rolls of 40-mil Nilex

CAT 996H Loader, 5 and 1 micron filters, vibratory roller

carbon filtration system

2-trash/recycling bins, 2-100 yd rail cars, 1-21,000 gallon frac tanks

4,000 gallon baffle, 10,000 gallon, and 20,000 gallon frac tanks

**WORK COMPLETED:**

Continued importation of processed gravel for final cover material. About 180 tons delivered and emplaced onsite.

Mirafi 180N emplaced on the northern side of the site. About 8,100 square feet emplaced and covered with processed gravel.

Impermeable liner emplaced on south/central portions of site; approximately, 10,995 square feet.

AEI contacted Veolia sewer (John Ayotte) about locating three sewer manholes located along the northern property boundary. SES being instructed to hold covering the easement until finding the manholes and raising. A change request, forthcoming, would be issued by SES, reviewed and approved by BASF prior to any manhole work by SES.

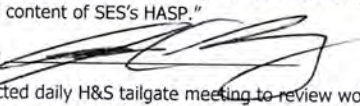
AEI collected post excavation soil samples for Dexsil and laboratory analysis of PCBs.

Diprete onsite to conduct surveying.

AEI setup perimeter dust monitors. No dust alerts observed.

**HEALTH & SAFETY:**

AEI has reviewed SES's Safe Work Form/Pre-Task Plan for today, and verifies, by signing below, that these documents comply with the procedures and content of SES's HASP."

AEI Signature 

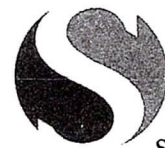
SES/AEI conducted daily H&S tailgate meeting to review work scope and safety precautions/JSAs associated with safe work practices. See SES SWP/PTP for topics discussed and issues raised.

**ISSUES/CHANGES/RESOLUTIONS:**

N/A

**DISCUSSIONS/CLIENT DIRECTION:**

N/A



## DAILY WORKSHEET

Date: 11-27-18

Project Number: 18-0315

### CLIENT / SITE INFORMATION

Name: BASF  
 Address: 180 Mill St  
 CRANSTON RI  
 Contact:

### PROJECTS NOTES

MOB TO SITE, H3S TALK. SETUP Roll out Fabric And COVER WITH PRESSURE GRAVEL. LAYOUT LINER ABOUT 50% LINER. CLEANUP PREP FOR MORE LINER MOB BACK TO SHOP

### LABOR

### MATERIALS / EQUIPMENT / TOOLS

Name	Position	Travel	On-site	Off-Site	Travel	Quantity	Item / Description
B ROPE	FS	6:30	8:00	15:00	16:00		PPE Level: A B C D
C. MCCARTHY	FT	6:30	7:00	15:00	15:30	1	CAT 300
J GOMES	OP	6:30	7:00	15:00	15:30	1	CAT 966 LOADER WITH VIB
J HARTMAN	FT	6:30	7:00	15:00	15:30	1	CAT SKID STEER
J LEIGHTON	OP	6:30	7:00	15:00	15:30	1	ROLLER
						1	CAT 300 SRS
						2	GEN
						1	2" Sub
						1	Roll off can

### SUBCONTRACTORS

### WEATHER OBSERVATIONS

Project Manager's Signature: \_\_\_\_\_

Client's Signature: \_\_\_\_\_



[illegible]

<b>Project:</b> BASF Facility Cranston, RI Date (1/12/27)	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> (Page <u>2</u> of <u>6</u> )
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<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date</b> <u>11/27</u>	<h2 style="margin: 0;">DAILY SAFE WORK FORM</h2>	<b>SES</b> (Page <u>3</u> of <u>6</u> )
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Type of Equipment/Vehicles/Motorized Equipment	
<input checked="" type="checkbox"/> Field Service Trailer <input checked="" type="checkbox"/> Excavators <input checked="" type="checkbox"/> Loader <input type="checkbox"/> Track Dozer <input checked="" type="checkbox"/> Skid Steer Loader <input checked="" type="checkbox"/> Frac Tank <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Water Buffalo <input type="checkbox"/> Sawzail	<input checked="" type="checkbox"/> Roll-off Tractor Truck <input checked="" type="checkbox"/> Roll-off containers <input type="checkbox"/> Dump Truck/Triaxle <input type="checkbox"/> Dump Trailers <input checked="" type="checkbox"/> Pickup Utility Trucks <input checked="" type="checkbox"/> Sump Pump <input type="checkbox"/> Trench Box <input type="checkbox"/> NaOH Storage Tank <input type="checkbox"/> Other (list)

This work also requires the use of the permits or documents checked below
<input checked="" type="checkbox"/> PROJECT-SPECIFIC HASP <input type="checkbox"/> LOCK-OUT, TAG-OUT PERMIT <input checked="" type="checkbox"/> PRE-TASK PLANNING FORM <input type="checkbox"/> CONFINED SPACE ENTRY PERMIT <input type="checkbox"/> OTHERS (LIST)

Anticipated Project Risks and Hazards Identification Identify the source/s used and include necessary specific information (See Daily Pre-Task Plan for day-specific information)			
Used	N/A	Source	Specific Risk or Hazard that needs to be addressed
X		Pre-work Inspection of the work site	See SES HASP
X		MSDS review / includes any 'new' chemicals	MSDS Sheets Provided in HASP
	X	Crane Operations	
	X	Elevated Work	
X		Environmental Conditions	See SES HASP
X		Heavy Powered Mobile Equipment Use	Excavators to load soil into trucks, truck traffic
	X	Language / Communication Difficulties	
X		Materials to be used	See Pre-Task Plan
	X	Overhead Work / Rigging	
	X	Special Equipment to be used	
X		Trenching / Excavation	See SES HASP
	X	Utilities System tie-in / restrictions	
X		Other Risks or Hazards	PCB/VOC-contaminated soils; Sodium Persulfate

Anticipated Project Required Precautions & Protective Measures Be sure that each identified Risk or Hazard is addressed (See Daily Pre-Task Plan for day-specific information)			
Need	N/A	Area	Specific measures that are required
X		Access & Egress Plans (People & Equipment)	To be developed on site with SES work crew
	X	Barricades needed	
	X	BASF equipment / materials to be used	
	X	Electrical safety equipment required	
	X	Elevator use	
X		Emergency Equipment	See SES HASP
X		Emergency Plans / Emergency Responder	See SES HASP
	X	Fall protection	
X		First Aid / Medical Treatment provisions	See SES HASP
	X	HOT WORK Procedure requirements	
	X	HVAC System requirements	
	X	LINE-BREAKING procedure requirements	

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (1/1/27)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page 4 of 6)</b>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffolds / decking	
<input checked="" type="checkbox"/>		Temporary electrical power	See SES HASP
	<input checked="" type="checkbox"/>	Temporary Utilities services	
<input checked="" type="checkbox"/>		Trench / Excavation Boxes	See SES HASP
		Other Requirements	

Required Personal Protective Equipment (PPE) Identify the source/s used and check the appropriate boxes									
<input type="checkbox"/> PPE GRID		<input checked="" type="checkbox"/> MSDS	<input type="checkbox"/> BASF Knowledge	<input type="checkbox"/> Work Provider Knowledge	<input type="checkbox"/> Prior SWP				
YES	NO	ITEM			YES	NO	Item		
<input checked="" type="checkbox"/>		Hardhat (either) <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Plastic				<input checked="" type="checkbox"/>	Rain Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants
<input checked="" type="checkbox"/>		Safety Glasses, ANZI-rated, side shields				<input checked="" type="checkbox"/>	Chemical Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants
	<input checked="" type="checkbox"/>	Goggles <input type="checkbox"/> Chemical <input type="checkbox"/> Dust				<input checked="" type="checkbox"/>	Personal Fall Protection Equipment		
	<input checked="" type="checkbox"/>	Faceshield			<input checked="" type="checkbox"/>		Gloves	<input checked="" type="checkbox"/> Chemical	<input type="checkbox"/> Work
<input checked="" type="checkbox"/>		Hearing Protection <input checked="" type="checkbox"/> Plugs <input type="checkbox"/> Muffs			<input checked="" type="checkbox"/>		Long sleeve shirt and steel toed boots with steel shank		
	<input checked="" type="checkbox"/>	Respirator <input type="checkbox"/> Half-mask <input type="checkbox"/> Full-face			<input checked="" type="checkbox"/>		Boots	<input type="checkbox"/> Rubber	<input checked="" type="checkbox"/> Other
	<input checked="" type="checkbox"/>	Dust Mask				<input checked="" type="checkbox"/>	Welding Protection		
	<input checked="" type="checkbox"/>	Fire Retardant Electrical Clothing				<input checked="" type="checkbox"/>	Retrieval System for Confined Spaces		
<input checked="" type="checkbox"/>		Eyewash Station			<input checked="" type="checkbox"/>		Mobile phone or radios		
<input checked="" type="checkbox"/>		Tyvek Suits			<input checked="" type="checkbox"/>		Insect repellent, sunscreen		
		Other PPE (list)			<input checked="" type="checkbox"/>		High-visibility, reflective vest		

Training Requirements		
Need	N/A	Area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BASF Safety Orientation (if required)
<input checked="" type="checkbox"/>		MSDS Reviews
<input checked="" type="checkbox"/>		Review of precautions listed above per SES HASP
<input checked="" type="checkbox"/>		Review of required PPE
		Other training (specify) –



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/27)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page 5 of 6)</b>
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STRATEGIC ENVIRONMENTAL SERVICES	PROJECT / JOB / TASK (Description): BASF Cranston/CMI Implementation	LOCATION: 180 Mill Street, Cranston, RI	DATE 11/27
<b>PRE-TASK PLAN (PTP)</b>	SES SUPERVISOR: <b>BRIAN ROE</b>		

Note: SES Daily Report Forms are completed daily (see attached), documenting work progress, equipment, personnel, weather, issues encountered and resolution, health and safety actions/issues, changes in work conditions, client interface.

Task List (Check off AND Circle today's activities)	
<input type="checkbox"/>	Task 1 - Permitting
<input type="checkbox"/>	Task 2 - Mobilization/Site Prep/Road & Decontamination Road Installation/Erosion Controls
<input type="checkbox"/>	Task 3 - Excavation/Decontamination/Soil Stock Piling/Loading/ISCO/Dewatering/Liquid Management
<input type="checkbox"/>	Task 4 - Transportation and Disposal of Contaminated Material
<input checked="" type="checkbox"/>	Task 5 - Backfilling and Grading/Geotextile and Vegetation Placement
<input type="checkbox"/>	Task 6 - Demobilization

Tasks, Potential Hazards, and Recommended Actions or Procedures				
Today's Activities (Check Each)	Task Number(s)	Hazards	Relative Hazard /Risk Rating*	Hazard Controls Mechanism and/or JSA (See HASP)
<input type="checkbox"/>	3	Chemical Hazards	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 10
<input type="checkbox"/>	3,4,5	Dust/Fumes/Particulates	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B2 Dust: JSAs 1,2,4,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Job Zone Control	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B3 Job Zone Control; All JSAs
<input type="checkbox"/>	3,4,5,6	Heat	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B4 Heat: All JSAs
<input type="checkbox"/>	3,4,5,6	Cold	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B5 Cold; All JSAs
<input type="checkbox"/>	1,3,4,5,6	Severe Weather	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B6 Severe Weather: All JSAs
<input checked="" type="checkbox"/>	3,4,5,6	Walking/Working Surfaces	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas: JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Noise	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B8 Noise: All JSA's
<input type="checkbox"/>	5,6	Live Electrical Equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B14 Live Electrical Equip: JSA 5,6,9
<input type="checkbox"/>	4,5	Poor Lighting	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas; JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Overhead Hazards	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B15 Overhead Hazards: JSA 2,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Traffic Management (Vehicle, pedestrian interference)	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B17 Traffic Management: All JSA
<input checked="" type="checkbox"/>	5,6	Heavy machinery/drill rigs	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B18 Heavy Machinery: JSA 4,5
<input type="checkbox"/>	5,6	Trenching/Excavation	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B19 Trenching/Excavation: JSA 4,5,6,8
<input checked="" type="checkbox"/>	1,3,4,5,6	Vehicle use	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B20 Vehicle Use: All JSA
<input type="checkbox"/>	2,3	Work near/on water	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B21 Work Near/On Water: JSA 1
<input type="checkbox"/>	4,5	Elevated heights (<4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B22 Working from Heights (<4 feet)





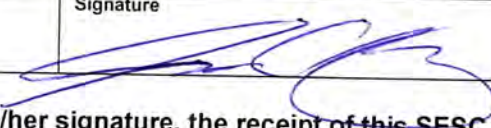

## SESC Plan Inspection Report

Project Information			
Name	Former Ciba-Geigy Facility		
Location	180 Mill Street, Cranston, RI (Lot 1102)		
DEM Permit No.	18-0048/RIR101724		
Site Owner	Name Joseph Guarnaccia	Phone 973-245-5269	Email Joseph.guarnaccia@basf.com
Site Operator	Name Brian Roe	Phone	Email broe@strategic-es.com
Inspection Information			
Inspector Name	Name Aaron C. Ting	Phone 978-577-7138	Email ating@aeiconsultants.com
Inspection Date	11/27/18	Start/End Time	0800-0830
Inspection Type <input type="checkbox"/> Weekly <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input checked="" type="checkbox"/> Post-storm event <input type="checkbox"/> Other			
Weather Information			
Last Rain Event Date: 11/26-11/27    Duration (hrs): 9    Approximate Rainfall (in): 1.2			
Rain Gauge Location & Source: On-site weather station (Davis Vantage Pro)			
Weather at time of this inspection: Cloudy, 39°F			

Check statement that applies then sign and date below:

☒ I, as the designated Inspector, certify that this site has been inspected as required by regulation and I have determined that maintenance and corrective actions are not required at this time.

☐ I, as the designated Inspector, certify that this site has been inspected as required by regulation and I have made the determination that the site requires corrective actions. The required corrective actions are noted within this inspection report.

Inspector:	Print Name Aaron C. Ting	Signature 	Date 11/27/18
	The Site Operator acknowledges by his/her signature, the receipt of this SESC Plan inspection report and its findings. He/she acknowledges that all recommended corrective actions must be completed and documentation of all such corrective actions must be made in this inspection report per applicable regulations.		
Operator:	Print Name Brian Roe	Signature 	Date 11/27/18

**Site-specific Control Measures**

Number the structural and non-structural stormwater control measures identified in the SESC Plan and on the SESC Site Plans and list them below (add as necessary). Bring a copy of this inspection form and any applicable SESC Site Plans with you during your inspections. This list will assist you to inspect all control measures at your site.

FILL THIS TABLE USING THE SESC PLAN TABLES 2.11 & 3.12.

	Location/Station	Control Measure Description	Installed & Operating Properly?	Assoc. Photo/ Figure #	Corrective Action Needed (Yes or No; if 'Yes', please detail action required)
1	Construction Site Exit including decontamination pad	RIDOT Standard Specifications  RI Soil Erosion and Sediment Control Book	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	see photo log	
2	Project-wide including material stockpiles	Perimeter – compost filter socks (RIDOT 9.2.0); Stockpiles – haybales (RIDOT standard specification 206, 212)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	see photo log	
3	Project wide including material stockpiles	RI SESC Handbook  Water for dust control/cover stockpiles  RIDOT Standard Specification/RI SEC Handbook	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	wet weather so no use of water for dust control during inspection	
4	Adjacent Roads	Roads adjacent to construction site shall be clean at the end of each workday	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	see photo log ↓	
5	Project-wide	Pickup construction trash/debris	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6	Project-wide	Spill prevention/spill containment measures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	↓	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No		
8			<input type="checkbox"/> Yes <input type="checkbox"/> No		



**General Site Issues**

Below are some general site issues that should be assessed during inspections. Please **customize** this list as needed for conditions at the site.

	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
1	Have all control measures been installed as specified in the RISESC Handbook and prior to any earth disturbing activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log ↓	
2	Are appropriate limits of disturbance (LOD) established?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3	Are controls that limit runoff from exposed soils by diverting, retaining, or detaining flows (such as check dams, sediment basins, etc.) in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
4	Are all temporary conveyance practices installed correctly and functioning as designed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
5	Has maintenance been performed as required to ensure continued proper function of all temporary conveyances practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
6	Were all exposed soils seeded by October 15 <sup>th</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
7	Have soils been stabilized where earth disturbance activities have permanently or temporarily ceased on any portion of the site and will not resume for more than 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
8	In instances where adequate vegetative stabilization was not established by November 15 <sup>th</sup> , have non-vegetative erosion control measures must be employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
9	If work is to continue from October 15 <sup>th</sup> through April 15 <sup>th</sup> , are steps taken to ensure that only the day's work area will be exposed and all erodible soil is stabilized within 5 working days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
10	Have inlet protection measures (such as fabric drop inlet protection, curb drop inlet protection, etc.) been properly installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
11	Has the operator cleaned and maintained inlet protection measures when needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
12	Has the operator removed accumulated sediment adjacent to inlet protection measures within 24 hours of detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
13	Has the operator properly installed outlet protection (such as riprap, turf mats, etc.) at all temporary and permanent discharge points?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
14	Are all outlet protection measures functioning properly in order to reduce discharge velocity, promote infiltration, and eliminate scour?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
15	Have all discharge points been inspected to ensure the prevention of scouring and channel erosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
16	Have sediment controls been installed along perimeter areas that will receive stormwater from earth disturbing activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log ↓	
17	Is the operator maintaining sediment controls in accordance with the requirements in the RI SESC Handbook?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
18	Have temporary sediment barriers been installed around permanent infiltration areas (such as bioretention areas, infiltration basins, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
19	Have staging areas and equipment routing been implemented to avoid compaction where permanent infiltration areas will be located?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
20	Are surface outlet structures (such as skimmers, siphons, etc.) installed for each temporary sediment basin? [Exception: frozen conditions]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
21	Have all temporary sediment basins or traps been inspected and maintained as required to ensure proper function?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
22	Does the project include the use of polymers, flocculants, or other chemicals to control erosion, sedimentation, or runoff from the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
23	Are all chemicals being managed in accordance with Appendix J of the RISESC Handbook and current best management practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
24	Has the site operator taken steps to <b>prohibit</b> the following pollutant discharges on the site?			
a	Contaminated groundwater.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log	



	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
b	Wastewater from washout of concrete; unless properly contained, managed, and disposed of.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c	Wastewater from washout and cleanout of stucco, paint, form release oils, curing compounds, and other construction products.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
d	Fuels, oils, or other pollutants used in vehicle and equipment operation and maintenance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo 105	
e	Soaps or solvents used in vehicle and equipment washing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
f	Toxic or hazardous substances from a spill or other release.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
25	Is the operator using properly constructed entrances/exits to the site so sediment removal occurs prior to vehicles exiting?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
26	If needed, are additional controls (such as rumble strips, rattle plates, etc.) in place to remove sediment from tires prior to exiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
27	Is sediment track-out being removed by the end of the same workday in which it occurs (via sweeping, shoveling, or vacuuming)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo 105	
28	Are all wastes generated at the site being managed and properly disposed of by the end of each workday?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
29	Are all chemicals and hazardous waste materials stored properly in covered areas and surrounded by containment control systems?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
30	Has the operator established highly visible locations for the storage of spill prevention and control equipment on the construction site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
31	Are allowable non-stormwater discharges being managed properly with adequate controls?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
32	Is the site operator properly managing groundwater or stormwater that is removed from excavations, trenches, or similar points of accumulation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
33	Are proper procedures and controls in place for the storage of materials that may discharge pollutants if	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	

Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
exposed to stormwater?			
Are stockpiles located within the limits of disturbance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo 109 ↓	
Are stockpiles being protected from contact with stormwater using a temporary sediment barrier?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
Where needed, has cover or appropriate temporary vegetative or structural stabilization been utilized for stockpiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Is the operator effectively managing the generation of dust through the use of water, chemicals, or minimization of exposed soil?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	wet weather so limited need for water to control dust during operation	
Are designated washout areas (such as wheel washing stations, washout for concrete, paint, stucco, etc.) clearly marked on the site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo 109 ↓	
Are vehicle fueling and maintenance areas properly located to prevent pollutants from impacting stormwater and sensitive receptors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
(Other)			



<sup>c</sup> PROJECT: Cranston, RI

INSPECTION DATE: 11/27/18

General Field Comments:

## Photos:

Photo #: 1	 A photograph of a decontamination pad at the North Site. The pad is a flat, dark, paved area. In the background, there are several large piles of material covered with white plastic sheeting. There are trees and utility poles in the distance.	Station: North Site Description: Decontamination pad located on Lot 2682 and temporary stockpiles covered by poly.
Photo #: 2	 A photograph of a Contaminated Fill Site (CFS) at the Northeast Site. The site is a muddy, uneven area with a large pile of material covered in orange plastic sheeting. A green pipe or hose runs along the edge of the pile. In the background, there are trees and a red car parked on a road.	Station: Northeast Site Description: CFS located along northeast property boundary. Wedge cut made in front of CFS is needed to emplace the final 2-feet of cover material.



<p>Photo #: 3</p> 	<p>Station: East Site</p> <p>Description: CFS located along eastern property boundary adjacent to riverway.</p>
<p>Photo #: 4</p> 	<p>Station: Northeast Site</p> <p>Description: Fractionation tanks to manage onsite groundwater removed from excavations.</p>

Photo #: 5	Station: Southwest Site
	Description: Staked silt fence along southwestern portion of the site adjacent to riverway.




**BASF**  
**180 Mill Street, Lot 1102**  
**Cranston, RI**

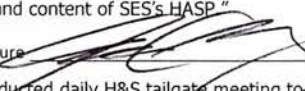
11/27 Tuesday

Date	Name	Company Name	Time In	Time out
11/27	J. Hefner	SES	0700	1500
11/27	C. McCarthy Jr	SES	0703	1500
11/27	John Gomez	SES	700	1330
11/27	JOHN LEIGHTON	SES	700	1500
11/27	Joseph Doebaum	AET	700	1445 PM
11/27	Aaron Ting	AET	0700	1530
11/27	B. ROK	SES	08:00	1500
11/27	Earle Tammelleu	Diprote	09:00	10:00

**AEL**  
Consultants

Submitted By: Aaron C. Ting  
Signature:   
Date: 11/28/2018

Daily  
Precipitation: 0" Temp: 43-34  
(Hi - low)

PERSONNEL/EQUIPMENT			(hr - low)		
Contractor	No.		Owner/Representative: N/A		
	1	Superintendent	SES		
	1	Foremen	SES		
		H&S/QA Officer		AEI Personnel: Aaron Ting	1
	1	Operators	SES	Joseph Drebaum	1
	2	Laborers	SES		
		Other Trades (Surveyor)			
SubContractor	No.	Company/Firm	Visitors On Site: N/A		
	7	Total Personnel On Site			
<b>MAJOR EQUIPMENT:</b>			<b>EQUIPMENT/MATERIALS RECEIVED</b>		
1 support truck, Bobcat 289D skid steer, CAT 320C and 320E excavators					
CAT 996H Loader, 5 and 1 micron filters, vibratory roller					
carbon filtration system					
2-trash/recycling bins, 2-100 yd rail cars, 1-21,000 gallon frac tanks					
4,000 gallon baffle, 10,000 gallon, and 20,000 gallon frac tanks					
<b>WORK COMPLETED:</b>					
Continued importation of processed gravel for final cover material. About 305.3 tons delivered and emplaced onsite.					
Mirafi 180N emplaced on the northern side of the site. About 8,100 square feet emplaced and covered with processed gravel. <i>10% covered to date. Act 11/28/18 CL</i>					
Redigging of soils within floodway. About 4 yards of Type 2A soils and 25 yards of Type 1B soils removed. 1B soils used as onsite backfill and Type 2A stockpiled on Lot 1102 for future offsite transport to the RIRRC disposal facility in Johnston, RI. AEI collected post excavation soil samples for Dexsil and laboratory analysis of PCBs.					
AEI setup perimeter dust monitors. No dust alerts observed.					
<b>HEALTH &amp; SAFETY:</b>					
AEI has reviewed SES's Safe Work Form/Pre-Task Plan for today, and verifies, by signing below, that these documents comply with the procedures and content of SES's HASP "					
AEI Signature 					
SES/AEI conducted daily H&S tailgate meeting to review work scope and safety precautions/JSA's associated with safe work practices. See SES SWP/PTP for topics discussed and issues raised.					
<b>ISSUES/CHANGES/RESOLUTIONS:</b>					
N/A					
<b>DISCUSSIONS/CLIENT DIRECTION:</b>					
N/A					





# DAILY WORKSHEET

Date: 11/28/18

Project Number: 18-0315

## CLIENT / SITE INFORMATION

Name: BASF

Address: 180 Mill St  
CRANSTON RI

Contact:

PROJECTS NOTES MOB TO SITE HSS MEETING. LAY OUT MARKER FENCE 8,100 S&W  
 INPUT (1) LOADS PRESSURE GRAVEL + SPREAD + COMPACT. PUT UP  
 FENCE BETWEEN PROPERTIES. CLEAN UP SITE REIDIS CRILL #480 25705  
 AND CRILL 462 4051

## LABOR

Name	Position	Travel	On-site	Off-Site	Travel
B ROPE	FS	5:30	6:30	15:30	16:30
C MCARDY	FT	6:30	7:00	15:30	16:00
J HEFNER	FT	6:30	7:00	15:30	16:00
J GOMES	OP	6:30	7:00	15:30	16:00
J LEIGHTON	OP	6:30	7:00	15:30	16:00

## MATERIALS / EQUIPMENT / TOOLS

Quantity	Item / Description
	PPE Level: A B C D
1	CAT 320
1	CAT 966 LOADER
1	CAT SKID STEER
1	Roller
1	CAT 320 SFS
1	TOILET
2	GEN

## SUBCONTRACTORS

## WEATHER OBSERVATIONS

Project Manager's Signature:

Client's Signature:



[illegible]



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/28 )</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/28)</b>	<h2 style="margin: 0;">DAILY SAFE WORK FORM</h2>	<b>SES</b> (Page __ of __)
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Type of Equipment/Vehicles/Motorized Equipment	
<input checked="" type="checkbox"/> Field Service Trailer <input checked="" type="checkbox"/> Excavators <input checked="" type="checkbox"/> Loader <input type="checkbox"/> Track Dozer <input checked="" type="checkbox"/> Skid Steer Loader <input checked="" type="checkbox"/> Frac Tank <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Water Buffalo <input type="checkbox"/> Sawzail	<input checked="" type="checkbox"/> Roll-off Tractor Truck <input checked="" type="checkbox"/> Roll-off containers <input type="checkbox"/> Dump Truck/Triaxle <input type="checkbox"/> Dump Trailers <input checked="" type="checkbox"/> Pickup Utility Trucks <input checked="" type="checkbox"/> Sump Pump <input type="checkbox"/> Trench Box <input type="checkbox"/> NaOH Storage Tank <input type="checkbox"/> Other (list)

This work also requires the use of the permits or documents checked below
<input checked="" type="checkbox"/> PROJECT-SPECIFIC HASP <input type="checkbox"/> LOCK-OUT, TAG-OUT PERMIT <input checked="" type="checkbox"/> PRE-TASK PLANNING FORM <input type="checkbox"/> CONFINED SPACE ENTRY PERMIT <input type="checkbox"/> OTHERS (LIST)

Anticipated Project Risks and Hazards Identification Identify the source/s used and include necessary specific information (See Daily Pre-Task Plan for day-specific information)			
Used	N/A	Source	Specific Risk or Hazard that needs to be addressed
X		Pre-work Inspection of the work site	See SES HASP
X		MSDS review / includes any 'new' chemicals	MSDS Sheets Provided in HASP
	X	Crane Operations	
	X	Elevated Work	
X		Environmental Conditions	See SES HASP
X		Heavy Powered Mobile Equipment Use	Excavators to load soil into trucks, truck traffic
	X	Language / Communication Difficulties	
X		Materials to be used	See Pre-Task Plan
	X	Overhead Work / Rigging	
	X	Special Equipment to be used	
X		Trenching / Excavation	See SES HASP
	X	Utilities System tie-in / restrictions	
X		Other Risks or Hazards	PCB/VOC-contaminated soils; Sodium Persulfate

Anticipated Project Required Precautions & Protective Measures Be sure that each identified Risk or Hazard is addressed (See Daily Pre-Task Plan for day-specific information)			
Need	N/A	Area	Specific measures that are required
X		Access & Egress Plans (People & Equipment)	To be developed on site with SES work crew
	X	Barricades needed	
	X	BASF equipment / materials to be used	
	X	Electrical safety equipment required	
	X	Elevator use	
X		Emergency Equipment	See SES HASP
X		Emergency Plans / Emergency Responder	See SES HASP
	X	Fall protection	
X		First Aid / Medical Treatment provisions	See SES HASP
	X	HOT WORK Procedure requirements	
	X	HVAC System requirements	
	X	LINE-BREAKING procedure requirements	



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (      )</b>	<h2 style="margin: 0;">DAILY SAFE WORK FORM</h2>	<b>SES</b> (Page __ of __)
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<input checked="" type="checkbox"/>	<b>X</b>	Scaffolds / decking	
<input checked="" type="checkbox"/>		Temporary electrical power	<b>See SES HASP</b>
	<input checked="" type="checkbox"/>	Temporary Utilities services	
<input checked="" type="checkbox"/>		Trench / Excavation Boxes	<b>See SES HASP</b>
		Other Requirements	

<b>Required Personal Protective Equipment (PPE)</b> Identify the source/s used and check the appropriate boxes									
<input type="checkbox"/> PPE GRID <input checked="" type="checkbox"/> MSDS <input type="checkbox"/> BASF Knowledge <input type="checkbox"/> Work Provider Knowledge <input type="checkbox"/> Prior SWP									
YES	NO	ITEM	YES	NO	Item				
<input checked="" type="checkbox"/>		Hardhat (either) <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Plastic		<input checked="" type="checkbox"/>	Rain Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants		
<input checked="" type="checkbox"/>		Safety Glasses, ANZI-rated, side shields		<input checked="" type="checkbox"/>	Chemical Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants		
	<input checked="" type="checkbox"/>	Goggles <input type="checkbox"/> Chemical <input type="checkbox"/> Dust		<input checked="" type="checkbox"/>	Personal Fall Protection Equipment				
	<input checked="" type="checkbox"/>	Faceshield	<input checked="" type="checkbox"/>		Gloves	<input checked="" type="checkbox"/> Chemical	<input type="checkbox"/> Work		
<input checked="" type="checkbox"/>		Hearing Protection <input checked="" type="checkbox"/> Plugs <input type="checkbox"/> Muffs	<input checked="" type="checkbox"/>		Long sleeve shirt and steel toed boots with steel shank				
	<input checked="" type="checkbox"/>	Respirator <input type="checkbox"/> Half-mask <input type="checkbox"/> Full-face	<input checked="" type="checkbox"/>		Boots	<input type="checkbox"/> Rubber	<input checked="" type="checkbox"/> Other		
	<input checked="" type="checkbox"/>	Dust Mask		<input checked="" type="checkbox"/>	Welding Protection				
	<input checked="" type="checkbox"/>	Fire Retardant Electrical Clothing		<input checked="" type="checkbox"/>	Retrieval System for Confined Spaces				
<input checked="" type="checkbox"/>		Eyewash Station	<input checked="" type="checkbox"/>		Mobile phone or radios				
<input checked="" type="checkbox"/>		Tyvek Suits	<input checked="" type="checkbox"/>		Insect repellent, sunscreen				
		Other PPE (list)	<input checked="" type="checkbox"/>		High-visibility, reflective vest				

<b>Training Requirements</b>		
Need	N/A	Area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BASF Safety Orientation (if required)
<input checked="" type="checkbox"/>		MSDS Reviews
<input checked="" type="checkbox"/>		Review of precautions listed above per SES HASP
<input checked="" type="checkbox"/>		Review of required PPE
		Other training (specify) –

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date</b> <u>1/1/22</u>	<h2 style="margin: 0;">DAILY SAFE WORK FORM</h2>	<b>SES</b> (Page <u>  </u> of <u>  </u> )
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<b>STRATEGIC ENVIRONMENTAL SERVICES</b>	<b>PROJECT / JOB / TASK (Description):</b> BASF Cranston/CMI Implementation	<b>LOCATION:</b> 180 Mill Street, Cranston, RI	<b>DATE</b>
<b>PRE-TASK PLAN (PTP)</b>	<b>SES SUPERVISOR:</b> <u>BRIAN ROE</u>		

Note: SES Daily Report Forms are completed daily (see attached), documenting work progress, equipment, personnel, weather, issues encountered and resolution, health and safety actions/issues, changes in work conditions, client interface.

Task List (Check off AND Circle today's activities)	
<input type="checkbox"/>	Task 1 - Permitting
<input type="checkbox"/>	Task 2 - Mobilization/Site Prep/Road & Decontamination Road Installation/Erosion Controls
<input checked="" type="checkbox"/>	Task 3 - Excavation/Decontamination/Soil Stock Piling/Loading/ISCO/Dewatering/Liquid Management
<input type="checkbox"/>	Task 4 - Transportation and Disposal of Contaminated Material
<input checked="" type="checkbox"/>	Task 5 - Backfilling and Grading/Geotextile and Vegetation Placement
<input type="checkbox"/>	Task 6 - Demobilization

Tasks, Potential Hazards, and Recommended Actions or Procedures				
Today's Activities (Check Each)	Task Number(s)	Hazards	Relative Hazard /Risk Rating*	Hazard Controls Mechanism and/or JSA (See HASP)
<input checked="" type="checkbox"/>	3	Chemical Hazards	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 10
<input checked="" type="checkbox"/>	3,4,5	Dust/Fumes/Particulates	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B2 Dust: JSAs 1,2,4,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Job Zone Control	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B3 Job Zone Control; All JSAs
<input type="checkbox"/>	3,4,5,6	Heat	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B4 Heat: All JSAs
<input type="checkbox"/>	3,4,5,6	Cold	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B5 Cold; All JSAs
<input type="checkbox"/>	1,3,4,5,6	Severe Weather	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B6 Severe Weather: All JSAs
<input checked="" type="checkbox"/>	3,4,5,6	Walking/Working Surfaces	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas: JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Noise	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B8 Noise: All JSA's
<input type="checkbox"/>	5,6	Live Electrical Equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B14 Live Electrical Equip: JSA 5,6,9
<input type="checkbox"/>	4,5	Poor Lighting	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas; JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Overhead Hazards	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B15 Overhead Hazards: JSA 2,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Traffic Management (Vehicle, pedestrian interference)	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B17 Traffic Management: All JSA
<input checked="" type="checkbox"/>	5,6	Heavy machinery/drill rigs	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B18 Heavy Machinery: JSA 4,5
<input checked="" type="checkbox"/>	5,6	Trenching/Excavation	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B19 Trenching/Excavation: JSA 4,5,6,8
<input checked="" type="checkbox"/>	1,3,4,5,6	Vehicle use	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B20 Vehicle Use: All JSA
<input checked="" type="checkbox"/>	2,3	Work near/on water	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B21 Work Near/On Water: JSA 1
<input type="checkbox"/>	4,5	Elevated heights (<4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B22 Working from Heights (<4 feet)



**Project:**  
**BASF Facility**  
**Cranston, RI**  
**Date (11/28)**

SES  
(Page \_\_\_ of \_\_\_)

<input type="checkbox"/>	4,5	Elevated heights (>4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B23 Working from Heights (>4 feet)
<input type="checkbox"/>	5,6	Overhead/underground utilities	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B24 Overhead/Underground Utilities: JSA 1,3,4
<input type="checkbox"/>	4,5,6	Powered hand tools	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B25 Electrically Powered Equipment and Tools: JSA 9
<input type="checkbox"/>	4,5,6	Electrically powered equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B25 Electrically Powered Equipment and Tools: JSA 9
<input checked="" type="checkbox"/>	4,5,6	Cutting devices/tools	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B26 Cutting Devices/Tools; JSA 9
<input type="checkbox"/>	4,5	Drums, cylinders, containers	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 4
<input checked="" type="checkbox"/>	3,4,5,6	Material handling, ergonomics	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B29 Material Handling/Ergonomics: JSA 2,6,7,9
<input type="checkbox"/>	3,5,6	Poisonous/irritating plants	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Plants and Animals: All JSAs
<input type="checkbox"/>	4,5,6	Insects/rodents/snakes	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Plants and Animals; All JSAs
<input type="checkbox"/>	3,5,6	Ticks, mosquitos	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Poisonous Plants, Animals, and Insects; All JSA
<input type="checkbox"/>	1,3,4,5,6	Employees working early/late	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B34 Personal Safety; All JSAs
<input type="checkbox"/>	Note: A single hazard may be listed under several Tasks. In this case, use the highest Severity ranking of the tasks evaluated as the overall ranking.			

**Description of Any Additional Activities, And Associated Health and Safety Risks and Protective Procedures/Equipment:**

10

11/28  
wed

**BASF**  
**180 Mill Street, Lot 1102**  
**Cranston, RI**

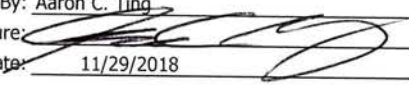
Date	Name	Company Name	Time In	Time out
11/28/18	B. RIVE	SES	06:30	15:30
11/28/18	J. Gomes	SES	0700	1530
11/28	J. Hefner	SES	0800	1400
11/28/18	Joseph Dreban	AEI	0700	15:30
11/28/18	Charles McCarthy ID	SES	0701	1530
11/28/18	Aaron Ting	AEI	0930	1430
11/28/18	Bob Maddock	SES	0930	1010



**DAILY PROJECT REPORT**

Project: BASF, Lot 1102  
180 Mill Street  
Cranston, RI

Submitted By: Aaron C. Ting

Signature: 

Date: 11/29/2018

**AEI**  
Consultants

Weather: Partly Cloudy

Daily

Precipitation: 0"

Temp: 45-37

(Hi - low)

**PERSONNEL/EQUIPMENT**

Contractor No. \_\_\_\_\_  
\_\_\_\_ Superintendent \_\_\_\_\_  
\_\_\_\_ 1 Foremen \_\_\_\_\_ SES  
\_\_\_\_ H&S/QA Officer \_\_\_\_\_  
\_\_\_\_ 2 Operators \_\_\_\_\_ SES  
\_\_\_\_ 2 Laborers \_\_\_\_\_ SES  
\_\_\_\_ Other Trades (Surveyor) \_\_\_\_\_

Owner/Representative: N/A

AEI Personnel: Rick Kowalski

1

Joseph Drebaum

1

SubContractor No. Company/Firm

Visitors On Site: N/A

7 Total Personnel On Site

**MAJOR EQUIPMENT:****EQUIPMENT/MATERIALS RECEIVED:**

1 support truck, Bobcat 289D skid steer, CAT 320C and 320E excavators

Excavator with hoe ram attachment

CAT 996H Loader, 5 and 1 micron filters, vibratory roller

carbon filtration system

2-trash/recycling bins, 2-100 yd rail cars, 1-21,000 gallon frac tanks

4,000 gallon baffle, 10,000 gallon, and 20,000 gallon frac tanks

**WORK COMPLETED:**

Hammered concrete (full day) for sampling of deep excavations, per EPA request made in November 2018. Nine concrete samples were collected by AEI for PCB analysis (lab only). Hammered other areas with concrete as needed. The hammer was decontaminated at the end of the day using the double wash rinse method.

Continued importation of processed gravel for final cover material. About 305.6 tons delivered and emplaced onsite.

Mirafi 180N emplaced on the northern side of the site. About 5063 square feet emplaced and covered with processed gravel. About 15% of the total site covered to date.

Prepared site for impermeable liner emplacement by smoothing out areas using excavator bucket.

AEI setup perimeter dust monitors. No dust alerts observed.

*Cut wedge along Mill St. About 44 cy removed and stockpiled for backfill. SES has completed about 95% of the wedge cut to date. Act 11/29/18 CL*

**HEALTH & SAFETY:**

AEI has reviewed SES's Safe Work Form/Pre-Task Plan for today, and verifies, by signing below, that these documents comply with the procedures and content of SES's HASP."

AEI Signature: 

SES/AEI conducted daily H&S tailgate meeting to review work scope and safety precautions/JSAs associated with safe work practices. See SES SWP/PTP for topics discussed and issues raised.

**ISSUES/CHANGES/RESOLUTIONS:**

N/A

**DISCUSSIONS/CLIENT DIRECTION:**

N/A





<b>Project:</b> BASF Facility Cranston, RI Date ( <u>11/29</u> )	<b>DAILY SAFE WORK FORM No. __</b>	<b>SES, Sutton, MA</b> (Page __ of __)
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Servicing or Maintenance Work Description		
Description of Work: CMI Implementation Project		
Start Date / Time: (Date) (Time) 11/29/18 0710		
Location of Work	180 Mill Street, Cranston, RI	

<b>Strategic Environmental Services, Inc. (SES)</b>	
Primary/Lead Company Name: SES	
Contact Person: <i>Brian Rose</i>	
Contact phone # <i>(508) 326-6523</i>	

[illegible][illegible]

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/28) )</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/29)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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Type of Equipment/Vehicles/Motorized Equipment			
<input checked="" type="checkbox"/>	Field Service Trailer	<input type="checkbox"/>	Roll-off Tractor Truck
<input checked="" type="checkbox"/>	Excavators	<input checked="" type="checkbox"/>	Roll-off containers
<input checked="" type="checkbox"/>	Loader	<input type="checkbox"/>	Dump Truck/Triaxle
<input type="checkbox"/>	Track Dozer	<input type="checkbox"/>	Dump Trailers
<input checked="" type="checkbox"/>	Skid Steer Loader	<input checked="" type="checkbox"/>	Pickup Utility Trucks
<input checked="" type="checkbox"/>	Frac Tank	<input checked="" type="checkbox"/>	Sump Pump
<input checked="" type="checkbox"/>	Generator	<input type="checkbox"/>	Trench Box
<input type="checkbox"/>	Water Buffalo	<input type="checkbox"/>	NaOH Storage Tank
<input type="checkbox"/>	Sawzail	<input checked="" type="checkbox"/>	Other (list) <i>Hammer attachment</i>

This work also requires the use of the permits or documents checked below	
<input checked="" type="checkbox"/>	PROJECT-SPECIFIC HASP
<input type="checkbox"/>	LOCK-OUT, TAG-OUT PERMIT
<input checked="" type="checkbox"/>	PRE-TASK PLANNING FORM
<input type="checkbox"/>	CONFINED SPACE ENTRY PERMIT
<input type="checkbox"/>	OTHERS (LIST)

Anticipated Project Risks and Hazards Identification			
Identify the source/s used and include necessary specific information (See Daily Pre-Task Plan for day-specific information)			
Used	N/A	Source	Specific Risk or Hazard that needs to be addressed
X		Pre-work Inspection of the work site	See SES HASP
X		MSDS review / includes any 'new' chemicals	MSDS Sheets Provided in HASP
	X	Crane Operations	
	X	Elevated Work	
X		Environmental Conditions	See SES HASP
X		Heavy Powered Mobile Equipment Use	Excavators to load soil into trucks, truck traffic
	X	Language / Communication Difficulties	
X		Materials to be used	See Pre-Task Plan
	X	Overhead Work / Rigging	
	X	Special Equipment to be used	
X		Trenching / Excavation	See SES HASP
	X	Utilities System tie-in / restrictions	
X		Other Risks or Hazards	PCB/VOC-contaminated soils; Sodium Persulfate
Anticipated Project Required Precautions & Protective Measures			
Be sure that each identified Risk or Hazard is addressed (See Daily Pre-Task Plan for day-specific information)			
Need	N/A	Area	Specific measures that are required
X		Access & Egress Plans (People & Equipment)	To be developed on site with SES work crew
	X	Barricades needed	
	X	BASF equipment / materials to be used	
	X	Electrical safety equipment required	
	X	Elevator use	
X		Emergency Equipment	See SES HASP
X		Emergency Plans / Emergency Responder	See SES HASP
	X	Fall protection	
X		First Aid / Medical Treatment provisions	See SES HASP
	X	HOT WORK Procedure requirements	
	X	HVAC System requirements	
	X	LINE-BREAKING procedure requirements	

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/29)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<input checked="" type="checkbox"/>	Scaffolds / decking	
<input checked="" type="checkbox"/>	Temporary electrical power	See SES HASP
<input checked="" type="checkbox"/>	Temporary Utilities services	
<input checked="" type="checkbox"/>	Trench / Excavation Boxes	See SES HASP
	Other Requirements	

Required Personal Protective Equipment (PPE) Identify the source/s used and check the appropriate boxes									
		<input type="checkbox"/> PPE GRID	<input checked="" type="checkbox"/> MSDS	<input type="checkbox"/> BASF Knowledge	<input type="checkbox"/> Work Provider Knowledge	<input type="checkbox"/> Prior SWP			
YES	NO	ITEM			YES	NO	Item		
<input checked="" type="checkbox"/>		Hardhat (either) <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Plastic				<input checked="" type="checkbox"/>	Rain Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants
<input checked="" type="checkbox"/>		Safety Glasses, ANZI-rated, side shields				<input checked="" type="checkbox"/>	Chemical Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants
	<input checked="" type="checkbox"/>	Goggles <input type="checkbox"/> Chemical <input type="checkbox"/> Dust				<input checked="" type="checkbox"/>	Personal Fall Protection Equipment		
	<input checked="" type="checkbox"/>	Faceshield			<input checked="" type="checkbox"/>		Gloves	<input checked="" type="checkbox"/> Chemical	<input type="checkbox"/> Work
<input checked="" type="checkbox"/>		Hearing Protection <input checked="" type="checkbox"/> Plugs <input type="checkbox"/> Muffs			<input checked="" type="checkbox"/>		Long sleeve shirt and steel toed boots with steel shank		
	<input checked="" type="checkbox"/>	Respirator <input type="checkbox"/> Half-mask <input type="checkbox"/> Full-face			<input checked="" type="checkbox"/>		Boots	<input type="checkbox"/> Rubber	<input checked="" type="checkbox"/> Other
	<input checked="" type="checkbox"/>	Dust Mask				<input checked="" type="checkbox"/>	Welding Protection		
	<input checked="" type="checkbox"/>	Fire Retardant Electrical Clothing				<input checked="" type="checkbox"/>	Retrieval System for Confined Spaces		
<input checked="" type="checkbox"/>		Eyewash Station			<input checked="" type="checkbox"/>		Mobile phone or radios		
<input checked="" type="checkbox"/>		Tyvek Suits			<input checked="" type="checkbox"/>		Insect repellent, sunscreen		
		Other PPE (list)			<input checked="" type="checkbox"/>		High-visibility, reflective vest		

Training Requirements		
Need	N/A	Area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BASF Safety Orientation (if required)
<input checked="" type="checkbox"/>		MSDS Reviews
<input checked="" type="checkbox"/>		Review of precautions listed above per SES HASP
<input checked="" type="checkbox"/>		Review of required PPE
		Other training (specify) –



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/18)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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STRATEGIC ENVIRONMENTAL SERVICES	PROJECT / JOB / TASK (Description): BASF Cranston/CMI Implementation	LOCATION: 180 Mill Street, Cranston, RI	DATE
<b>PRE-TASK PLAN (PTP)</b>	SES SUPERVISOR: <i>BRIAN ROE</i>		

Note: SES Daily Report Forms are completed daily (see attached), documenting work progress, equipment, personnel, weather, issues encountered and resolution, health and safety actions/issues, changes in work conditions, client interface.

Task List (Check off AND Circle today's activities)	
<input type="checkbox"/>	Task 1 - Permitting
<input type="checkbox"/>	Task 2 - Mobilization/Site Prep/Road & Decontamination Road Installation/Erosion Controls
<input checked="" type="checkbox"/>	Task 3 - Excavation/Decontamination/Soil Stock Piling/Loading/ISCO/Dewatering/Liquid Management
<input type="checkbox"/>	Task 4 - Transportation and Disposal of Contaminated Material
<input checked="" type="checkbox"/>	Task 5 - Backfilling and Grading/Geotextile and Vegetation Placement
<input type="checkbox"/>	Task 6 - Demobilization

Tasks, Potential Hazards, and Recommended Actions or Procedures				
Today's Activities (Check Each)	Task Number(s)	Hazards	Relative Hazard /Risk Rating*	Hazard Controls Mechanism and/or JSA (See HASP)
<input checked="" type="checkbox"/>	3	Chemical Hazards	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 10
<input checked="" type="checkbox"/>	3,4,5	Dust/Fumes/Particulates	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B2 Dust: JSAs 1,2,4,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Job Zone Control	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B3 Job Zone Control; All JSAs
<input type="checkbox"/>	3,4,5,6	Heat	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B4 Heat: All JSAs
<input type="checkbox"/>	3,4,5,6	Cold	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B5 Cold; All JSAs
<input type="checkbox"/>	1,3,4,5,6	Severe Weather	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B6 Severe Weather: All JSAs
<input checked="" type="checkbox"/>	3,4,5,6	Walking/Working Surfaces	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas: JSA 1,3,4,7
<input checked="" type="checkbox"/>	4,5,6	Noise	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B8 Noise: All JSA's
<input type="checkbox"/>	5,6	Live Electrical Equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B14 Live Electrical Equip: JSA 5,6,9
<input type="checkbox"/>	4,5	Poor Lighting	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas; JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Overhead Hazards	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B15 Overhead Hazards: JSA 2,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Traffic Management (Vehicle, pedestrian interference)	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B17 Traffic Management: All JSA
<input checked="" type="checkbox"/>	5,6	Heavy machinery/drill rigs	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B18 Heavy Machinery: JSA 4,5
<input checked="" type="checkbox"/>	5,6	Trenching/Excavation	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B19 Trenching/Excavation: JSA 4,5,6,8
<input checked="" type="checkbox"/>	1,3,4,5,6	Vehicle use	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B20 Vehicle Use: All JSA
<input checked="" type="checkbox"/>	2,3	Work near/on water	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B21 Work Near/On Water: JSA 1
<input type="checkbox"/>	4,5	Elevated heights (<4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B22 Working from Heights (<4 feet)

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/29)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<input type="checkbox"/>	4,5	Elevated heights (>4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B23 Working from Heights (>4 feet)
<input type="checkbox"/>	5,6	Overhead/underground utilities	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B24 Overhead/Underground Utilities: JSA 1,3,4
<input type="checkbox"/>	4,5,6	Powered hand tools	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B25 Electrically Powered Equipment and Tools: JSA 9
<input type="checkbox"/>	4,5,6	Electrically powered equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B25 Electrically Powered Equipment and Tools: JSA 9
<input checked="" type="checkbox"/>	4,5,6	Cutting devices/tools	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B26 Cutting Devices/Tools; JSA 9
<input type="checkbox"/>	4,5	Drums, cylinders, containers	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 4
<input checked="" type="checkbox"/>	3,4,5,6	Material handling, ergonomics	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B29 Material Handling/Ergonomics: JSA 2,6,7,9
<input type="checkbox"/>	3,5,6	Poisonous/irritating plants	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Plants and Animals: All JSAs
<input type="checkbox"/>	4,5,6	Insects/rodents/snakes	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Plants and Animals; All JSAs
<input type="checkbox"/>	3,5,6	Ticks, mosquitos	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Poisonous Plants, Animals, and Insects; All JSA
<input type="checkbox"/>	1,3,4,5,6	Employees working early/late	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B34 Personal Safety; All JSAs
<input type="checkbox"/>	Note: A single hazard may be listed under several Tasks. In this case, use the highest Severity ranking of the tasks evaluated as the overall ranking.			

**Description of Any Additional Activities, And Associated Health and Safety Risks and Protective Procedures/Equipment:**

Discussed safety procedures and PPE requirements w/ use of hammer.



**BASF**  
**180 Mill Street, Lot 1102**  
**Cranston, RI**

Date	Name	Company Name	Time In	Time out
11/29	B. Roke	SES	06:30	1500
11/29	John Gomez	SES	700	1500
11/29	JOHN LEIGHTON	SRS	700	1500
11/29	J. Hefner	SES	7:00	1500
11/29	C. McCarthy Jr	SES	7:06	1500
11/29	Joseph Vadean	AEI	700	15:00
11/29	Rick Kowalski	AEI	7:05	14:55
<del>11/29</del>	<del>John Gomez</del>	<del>SES</del>	<del>715</del>	

**DAILY PROJECT REPORT**

Project: BASF, Lot 1102  
180 Mill Street  
Cranston, RI

Submitted By: Aaron C. Ting

Signature:   
Date: 11/30/2018



Weather: Partly Cloudy

Daily

Precipitation: 0"

Temp: 42-29  
(Hi - low)

PERSONNEL/EQUIPMENT	
Contractor	No.
	Superintendent
1	Foremen SES
	H&S/QA Officer
2	Operators SES
2	Laborers SES
	Other Trades (Surveyor)
SubContractor	No. Company/Firm
7	Total Personnel On Site

EQUIPMENT/MATERIALS RECEIVED:	
1 support truck, Bobcat 289D skid steer, CAT 320C and 320E excavators	Excavator with hoe ram attachment (demobilized)
CAT 996H Loader, 5 and 1 micron filters, vibratory roller	CAT D3C dozer
carbon filtration system	
2-trash/recycling bins, 2-100 yd rail cars, 1-21,000 gallon frac tanks	
4,000 gallon baffle, 10,000 gallon, and 20,000 gallon frac tanks	

**WORK COMPLETED:**

Excavated stake location 389-399, Type 2A, 5' depth. About 74 cy of soil removed and temporarily stockpiled on Lot 1102 for future transport to RIRRC in Johnston, RI. AEI collected post excavation soil samples for PCB analysis (lab only due to interference from chlorinated compounds in soil).

Continued importation of processed gravel for final cover material. About 118<sup>9</sup> tons delivered and emplaced onsite. *ACT 11/30/18 CL*

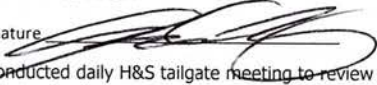
Mirafi 180N emplaced on the northern side of the site. About 10,126 square feet emplaced and covered with processed gravel. About 25% of the total site covered to date.

AEI investigated concrete pipe that traverses the property boundaries between Lot 1102 and Lot 2630. The concrete pipe did not contain any noticeable liquids or other material and no connections or other subsurface structures were observed to be connected to the pipe. AEI intends to request more information from Veolia sewer, when onsite next Monday, before capping.

AEI setup perimeter dust monitors. No dust alerts observed.

**HEALTH & SAFETY:**

AEI has reviewed SES's Safe Work Form/Pre-Task Plan for today, and verifies, by signing below, that these documents comply with the procedures and content of SES's HASP."

AEI Signature 

SES/AEI conducted daily H&S tailgate meeting to review work scope and safety precautions/JSAs associated with safe work practices. See SES SWP/PTP for topics discussed and issues raised.

**ISSUES/CHANGES/RESOLUTIONS:**

N/A

**DISCUSSIONS/CLIENT DIRECTION:**

N/A



Project Number: 18-0315

Name: BASF

Address: 180 Mill ST

CRANSTON RT

Contact:

## PROJECTS NOTES

MOB TO SITE H<sub>2</sub>S TALK. INAPT 5 LOADS PROSSOR  
+ connect DIS OUT CELL 398 2A 74 VDS. AM STOCK PIR FOR  
2 CLAMP. ANX 25° OF FALIVE BOLLER OUT CONNCT + CONNCTED

## LABOR

### MATERIALS / EQUIPMENT / TOOLS

Name	Position	Travel	On-site	Off-Site	Travel	Quantity	Item / Description
B. ROE	FS	5:30	6:30	15:00	16:00		PPE Level: A B C D
C MC CARTHY	FT	7:00	7:30	15:00	15:30	1	CAT 320
J LEIGHTON	OP	6:30	7:00	15:00	15:30	1	CAT 966
J GOMBS	OP	6:45	7:15	14:30	15:30	1	CAT SKID
						1	Roller
						1	CAT 320
						2	GEN
						1	TOILET
SUBCONTRACTORS						1	SERVICE TRUCK

## SUBCONTRACTORS

## WEATHER OBSERVATIONS

Project Manager's Signature: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

[illegible]



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date ( 11/30 )</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/30)</b>	<h2 style="margin: 0;">DAILY SAFE WORK FORM</h2>	<b>SES</b> (Page __ of __)
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Type of Equipment/Vehicles/Motorized Equipment	
<input checked="" type="checkbox"/> Field Service Trailer <input checked="" type="checkbox"/> Excavators <input checked="" type="checkbox"/> Loader <input type="checkbox"/> Track Dozer <input checked="" type="checkbox"/> Skid Steer Loader <input checked="" type="checkbox"/> Frac Tank <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Water Buffalo <input type="checkbox"/> Sawzall	<input checked="" type="checkbox"/> Roll-off Tractor Truck <input checked="" type="checkbox"/> Roll-off containers <input type="checkbox"/> Dump Truck/Triaxle <input type="checkbox"/> Dump Trailers <input checked="" type="checkbox"/> Pickup Utility Trucks <input checked="" type="checkbox"/> Sump Pump <input type="checkbox"/> Trench Box <input type="checkbox"/> NaOH Storage Tank <input type="checkbox"/> Other (list)

This work also requires the use of the permits or documents checked below
<input checked="" type="checkbox"/> PROJECT-SPECIFIC HASP <input type="checkbox"/> LOCK-OUT, TAG-OUT PERMIT <input checked="" type="checkbox"/> PRE-TASK PLANNING FORM <input type="checkbox"/> CONFINED SPACE ENTRY PERMIT <input type="checkbox"/> OTHERS (LIST)

Anticipated Project Risks and Hazards Identification Identify the source/s used and include necessary specific information (See Daily Pre-Task Plan for day-specific information)			
Used	N/A	Source	Specific Risk or Hazard that needs to be addressed
X		Pre-work Inspection of the work site	See SES HASP
X		MSDS review / includes any 'new' chemicals	MSDS Sheets Provided in HASP
	X	Crane Operations	
	X	Elevated Work	
X		Environmental Conditions	See SES HASP
X		Heavy Powered Mobile Equipment Use	Excavators to load soil into trucks, truck traffic
	X	Language / Communication Difficulties	
X		Materials to be used	See Pre-Task Plan
	X	Overhead Work / Rigging	
	X	Special Equipment to be used	
X		Trenching / Excavation	See SES HASP
	X	Utilities System tie-in / restrictions	
X		Other Risks or Hazards	PCB/VOC-contaminated soils; Sodium Persulfate

Anticipated Project Required Precautions & Protective Measures Be sure that each identified Risk or Hazard is addressed (See Daily Pre-Task Plan for day-specific information)			
Need	N/A	Area	Specific measures that are required
X		Access & Egress Plans (People & Equipment)	To be developed on site with SES work crew
	X	Barricades needed	
	X	BASF equipment / materials to be used	
	X	Electrical safety equipment required	
	X	Elevator use	
X		Emergency Equipment	See SES HASP
X		Emergency Plans / Emergency Responder	See SES HASP
	X	Fall protection	
X		First Aid / Medical Treatment provisions	See SES HASP
	X	HOT WORK Procedure requirements	
	X	HVAC System requirements	
	X	LINE-BREAKING procedure requirements	



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/30)</b>	<h2 style="margin: 0;">DAILY SAFE WORK FORM</h2>	<b>SES</b> (Page __ of __)
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	<b>X</b>	Scaffolds / decking	
<b>X</b>		Temporary electrical power	<b>See SES HASP</b>
	<b>X</b>	Temporary Utilities services	
<b>X</b>		Trench / Excavation Boxes	<b>See SES HASP</b>
		Other Requirements	

<b>Required Personal Protective Equipment (PPE)</b> Identify the source/s used and check the appropriate boxes											
		<input type="checkbox"/> PPE GRID		<input checked="" type="checkbox"/> MSDS		<input type="checkbox"/> BASF Knowledge		<input type="checkbox"/> Work Provider Knowledge		<input type="checkbox"/> Prior SWP	
YES	NO	ITEM				YES	NO	Item			
<b>X</b>		Hardhat (either) <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Plastic					<b>X</b>	Rain Suit <input type="checkbox"/> Jacket <input type="checkbox"/> Pants			
<b>X</b>		Safety Glasses, ANZI-rated, side shields					<b>X</b>	Chemical Suit <input type="checkbox"/> Jacket <input type="checkbox"/> Pants			
	<b>X</b>	Goggles <input type="checkbox"/> Chemical <input type="checkbox"/> Dust					<b>X</b>	Personal Fall Protection Equipment			
	<b>X</b>	Faceshield				<b>X</b>		Gloves <input checked="" type="checkbox"/> Chemical <input type="checkbox"/> Work			
<b>X</b>		Hearing Protection <input checked="" type="checkbox"/> Plugs <input type="checkbox"/> Muffs				<b>X</b>		Long sleeve shirt and steel toed boots with steel shank			
	<b>X</b>	Respirator <input type="checkbox"/> Half-mask <input type="checkbox"/> Full-face				<b>X</b>		Boots <input type="checkbox"/> Rubber <input checked="" type="checkbox"/> Other			
	<b>X</b>	Dust Mask					<b>X</b>	Welding Protection			
	<b>X</b>	Fire Retardant Electrical Clothing					<b>X</b>	Retrieval System for Confined Spaces			
<b>X</b>		Eyewash Station				<b>X</b>		Mobile phone or radios			
<b>X</b>		Tyvek Suits				<b>X</b>		Insect repellent, sunscreen			
		Other PPE (list)				<b>X</b>		High-visibility, reflective vest			

<b>Training Requirements</b>		
Need	N/A	Area
<b>X</b>	<b>N/A</b>	BASF Safety Orientation (if required)
<b>X</b>		MSDS Reviews
<b>X</b>		Review of precautions listed above per SES HASP
<b>X</b>		Review of required PPE
		Other training (specify) –

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (11/30)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<b>STRATEGIC ENVIRONMENTAL SERVICES</b>  <b>PRE-TASK PLAN (PTP)</b>	<b>PROJECT / JOB / TASK (Description):</b> BASF Cranston/CMI Implementation	<b>LOCATION:</b> 180 Mill Street, Cranston, RI	<b>DATE</b>
<b>SES SUPERVISOR:</b> <i>Brian Rote</i>			

Note: SES Daily Report Forms are completed daily (see attached), documenting work progress, equipment, personnel, weather, issues encountered and resolution, health and safety actions/issues, changes in work conditions, client interface.

Task List (Check off AND Circle today's activities)	
<input type="checkbox"/>	Task 1 - Permitting
<input type="checkbox"/>	Task 2 - Mobilization/Site Prep/Road & Decontamination Road Installation/Erosion Controls
<input checked="" type="checkbox"/>	Task 3 - Excavation/Decontamination/Soil Stock Piling/Loading/ISCO/Dewatering/Liquid Management
<input type="checkbox"/>	Task 4 - Transportation and Disposal of Contaminated Material
<input checked="" type="checkbox"/>	Task 5 - Backfilling and Grading/Geotextile and Vegetation Placement
<input type="checkbox"/>	Task 6 - Demobilization

Tasks, Potential Hazards, and Recommended Actions or Procedures				
Today's Activities (Check Each)	Task Number(s)	Hazards	Relative Hazard / Risk Rating*	Hazard Controls Mechanism and/or JSA (See HASP)
<input checked="" type="checkbox"/>	3	Chemical Hazards	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 10
<input checked="" type="checkbox"/>	3,4,5	Dust/Fumes/Particulates	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B2 Dust: JSAs 1,2,4,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Job Zone Control	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B3 Job Zone Control; All JSAs
<input type="checkbox"/>	3,4,5,6	Heat	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B4 Heat: All JSAs
<input type="checkbox"/>	3,4,5,6	Cold	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B5 Cold; All JSAs
<input type="checkbox"/>	1,3,4,5,6	Severe Weather	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B6 Severe Weather: All JSAs
<input checked="" type="checkbox"/>	3,4,5,6	Walking/Working Surfaces	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas: JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Noise	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B8 Noise: All JSA's
<input type="checkbox"/>	5,6	Live Electrical Equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B14 Live Electrical Equip: JSA 5,6,9
<input type="checkbox"/>	4,5	Poor Lighting	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B7 Safe Walking Surfaces and Work Areas; JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Overhead Hazards	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B15 Overhead Hazards: JSA 2,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Traffic Management (Vehicle, pedestrian interference)	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B17 Traffic Management: All JSA
<input checked="" type="checkbox"/>	5,6	Heavy machinery/drill rigs	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B18 Heavy Machinery: JSA 4,5
<input checked="" type="checkbox"/>	5,6	Trenching/Excavation	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B19 Trenching/Excavation: JSA 4,5,6,8
<input checked="" type="checkbox"/>	1,3,4,5,6	Vehicle use	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B20 Vehicle Use: All JSA
<input type="checkbox"/>	2,3	Work near/on water	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B21 Work Near/On Water: JSA 1
<input type="checkbox"/>	4,5	Elevated heights (<4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B22 Working from Heights (<4 feet)



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (      )</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page ____ of ____)</b>
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<input type="checkbox"/>	4,5	Elevated heights (>4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B23 Working from Heights (>4 feet)
<input type="checkbox"/>	5,6	Overhead/underground utilities	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B24 Overhead/Underground Utilities: JSA 1,3,4
<input type="checkbox"/>	4,5,6	Powered hand tools	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B25 Electrically Powered Equipment and Tools: JSA 9
<input type="checkbox"/>	4,5,6	Electrically powered equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B25 Electrically Powered Equipment and Tools: JSA 9
<input type="checkbox"/>	4,5,6	Cutting devices/tools	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B26 Cutting Devices/Tools; JSA 9
<input type="checkbox"/>	4,5	Drums, cylinders, containers	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 4
<input checked="" type="checkbox"/>	3,4,5,6	Material handling, ergonomics	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B29 Material Handling/Ergonomics: JSA 2,6,7,9
<input type="checkbox"/>	3,5,6	Poisonous/irritating plants	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Plants and Animals: All JSAs
<input type="checkbox"/>	4,5,6	Insects/rodents/snakes	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Plants and Animals; All JSAs
<input type="checkbox"/>	3,5,6	Ticks, mosquitos	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Poisonous Plants, Animals, and Insects; All JSA
<input type="checkbox"/>	1,3,4,5,6	Employees working early/late	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B34 Personal Safety; All JSAs
<input type="checkbox"/>	Note: A single hazard may be listed under several Tasks. In this case, use the highest Severity ranking of the tasks evaluated as the overall ranking.			

Description of Any Additional Activities, And Associated Health and Safety Risks and Protective Procedures/Equipment:

Health and Safety Risks and Protective Procedures/Equipment:

Field Screening Results  
(PID - ppm):

Sample Date:

**Lab Result:**

Location in Stockpile Yard (Cross-Ref w/ Map)

Reuse  
on/offsite

Offsite location

Placement Date:

11/14

CR 11383.2A

4.55

11/14

Cell 393 (2) 3 B

14P

11/16

Cell #400 2A 1 new

1.5 yard

11/20

CE/1 #438  
R15016 2C

10.05  
TUN

11/28

CR11 #480 25 YDS

11/28

CR11#462 9 405

(ii) 30

CR11# 398 2A

74705



**BASF**  
**180 Mill Street, Lot 1102**  
**Cranston, RI**

Date	Name	Company Name	Time In	Time out
11.30.18	J. LEIGHTON	SES	700	1510
11/30/18	B ROSE	SAS	06:30	15:30
11/30/18	Joseph Darchman	AET	0705	15:30
11/30/18	J. Gome	SES	715	1430
11/30/18	C. McCarthy ID	SES	723-8:08-12:17-3:10	
11/30/18	Paul Secenik	SES	0800	10:45
11/30/18	Bob Moullock	SES	0930	10:45
11/30/18	Rick Kowalski	AET	0935	11:45
11/30/18	Aaron Ting	AET	0920	1545

# DAILY PROJECT REPORT



Project: BASF, Lot 1102  
180 Mill Street  
Cranston, RI

Submitted By: Aaron C. Ting  
Signature:   
Date: 12/3/2018

Weather: Partly Cloudy

Daily  
Precipitation: 0" Temp: 58-31  
(Hi - low)

PERSONNEL/EQUIPMENT		EQUIPMENT/MATERIALS RECEIVED:	
Contractor	No.	Owner/Representative: N/A	
	Superintendent		
	1 Foremen	SES	
	H&S/QA Officer		
	1 Operators	SES	
	3 Laborers	SES	
	Other Trades (Surveyor)		
SubContractor	No. Company/Firm	Visitors On Site: N/A	
	4 Veolia Water/Sewer		
	11 10 Total Personnel On Site		
	ACT 12/3/18 RE		
<b>MAJOR EQUIPMENT:</b>		<b>EQUIPMENT/MATERIALS RECEIVED:</b>	
1 support truck, Bobcat 289D skid steer, CAT 320C and 320E excavators			
CAT 996H Loader, 5 and 1 micron filters, vibratory roller			
carbon filtration system, CAT D3C dozer			
2-trash/recycling bins, 2-100 yd rail cars, 1-21,000 gallon frac tanks			
4,000 gallon baffle, 10,000 gallon, and 20,000 gallon frac tanks			
<b>WORK COMPLETED:</b>		only ACT 12/3/18 CL	
Veolia water and sewer department onsite to locate sewer main manholes. Located one due to difficulties with GPS unit. Veolia foreman to send AEI coordinates for survey to locate when onsite this week. AEI to reconnect with Veolia following survey.			
Continued importation of processed gravel for final cover. About 289.7 tons were delivered to the site and stockpiled awaiting final emplacement.			
Decontaminated two fractionation tanks (one 21,000 gallon and one 20,000 gallon frac tank). A separate PTP/SWP were prepared for the work and is attached to this daily report.			
SES lined and loaded the two railcars onsite PW-20008 and PW-30016 with Type 2B soils and asphalt which had been impacted by the Type 2B/2C/3 soils stockpiled on top. (half day) ACT 12/3/18 CL			
Redig Type 2A soil location. About 3 cy of soil removed and live-loaded directly into an 18-cy dump trailer for transport to the RIRRC facility in Johnston, RI.			
Live-loaded Type 2A soils/debris stockpiled onsite into 18-cy dump trailers for transport to RIRRC. About 120 tons of soil and 30 tons of debris were transported to the facility.			
inspection 12/3/18 CL			
AEI conducted a soil erosion and sediment control plan. No issues noted.			
AEI setup perimeter dust monitors and no dust alerts observed onsite.			
<b>HEALTH &amp; SAFETY:</b>			
AEI has reviewed SES's Safe Work Form/Pre-Task Plan for today, and verifies, by signing below, that these documents comply with the procedures and content of SES's HASP.			
AEI Signature:			
SES/AEI conducted daily H&S tailgate meeting to review work scope and safety precautions/JSAs associated with safe work practices. See SES SWP/PTP for topics discussed and issues raised.			
<b>ISSUES/CHANGES/RESOLUTIONS:</b>			
N/A			
<b>DISCUSSIONS/CLIENT DIRECTION:</b>			
N/A			





## DAILY WORKSHEET

Date: 12-3-18

Project Number: 18-0315

### CLIENT / SITE INFORMATION

Name: BASF

Address: 180 MILL ST  
CRANSTON RI

Contact:

PROJECTS NOTES: MOB TO SITE TAILGATE TALK LINE RAIL CARS

PW 2008 B2 3 AND STRIP ASPHALT ON LAYDOWN AREA  
 AND PUT INTO PW 30006. INPORT OF LOADS OF PRESSURE GRANUL  
 ASSIST VEHICLES WITH DIGGING UP AREA FOR SEWAGE PIPING.  
 EXPORT @ LOADS TO RIRRC. REMOVE FROM CELL 398 AND RELOC CRU# 388 342

### LABOR

Name	Position	Travel	On-site	Off-Site	Travel
B ROE	5:30	7:30	14:00	15:00	
C. MCCARTHY	6:30	6:30	14:00	14:30	
J LEIGHTON	6:30	7:00	14:00	14:30	
M. JAMNOS	5:30	6:30	14:00	15:00	
B. SULLIVAN	6:30	7:00	14:00	14:30	

### MATERIALS / EQUIPMENT / TOOLS

Quantity	Item / Description
	PPE Level: A B C D
1	CAT 320
1	CAT 966 LOADER
1	CAT SKID STEER HYDRA
1	D3 DOZER
1	ROLL ROLLER
1	CAT 320 SPS
1	Roll OFF CON
1	TOILET
2	GEN

### SUBCONTRACTORS

### WEATHER OBSERVATIONS

Project Manager's Signature: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Project: BASF Facility Cranston, RI Date (12/3 )	DAILY SAFE WORK FORM No. _	SES, Sutton, MA (Page _ of _)
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<b>Servicing or Maintenance Work Description</b>	
Description of Work: CMI Implementation Project	
Start Date / Time: (Date) (Time) 12/3/18 0700	
Location of Work	180 Mill Street, Cranston, RI
<b>Strategic Environmental</b>	

Strategic Environmental Services, Inc. (SES)	
Primary/Lead Company Name: SES	
Contact Person:	Brian Roth
Contact phone #	502-326-6523
Health and Safety (H&S):	

[illegible][illegible]



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date ( 12/3 )</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (12-3)</b>	<h2 style="margin: 0;">DAILY SAFE WORK FORM</h2>	<b>SES</b> (Page __ of __)
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Type of Equipment/Vehicles/Motorized Equipment	
<input checked="" type="checkbox"/> Field Service Trailer <input checked="" type="checkbox"/> Excavators <input checked="" type="checkbox"/> Loader <input checked="" type="checkbox"/> Track Dozer <input checked="" type="checkbox"/> Skid Steer Loader <input checked="" type="checkbox"/> Frac Tank <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Water Buffalo <input type="checkbox"/> Sawzail	<input type="checkbox"/> Roll-off Tractor Truck <input checked="" type="checkbox"/> Roll-off containers <input type="checkbox"/> Dump Truck/Triaxle <input type="checkbox"/> Dump Trailers <input checked="" type="checkbox"/> Pickup Utility Trucks <input checked="" type="checkbox"/> Sump Pump <input type="checkbox"/> Trench Box <input type="checkbox"/> NaOH Storage Tank <input type="checkbox"/> Other (list)

This work also requires the use of the permits or documents checked below
<input checked="" type="checkbox"/> PROJECT-SPECIFIC HASP <input type="checkbox"/> LOCK-OUT, TAG-OUT PERMIT <input checked="" type="checkbox"/> PRE-TASK PLANNING FORM <input type="checkbox"/> CONFINED SPACE ENTRY PERMIT <input type="checkbox"/> OTHERS (LIST)

Anticipated Project Risks and Hazards Identification Identify the source/s used and include necessary specific information (See Daily Pre-Task Plan for day-specific information)			
Used	N/A	Source	Specific Risk or Hazard that needs to be addressed
X		Pre-work Inspection of the work site	See SES HASP
X		MSDS review / includes any 'new' chemicals	MSDS Sheets Provided in HASP
	X	Crane Operations	
	X	Elevated Work	
X		Environmental Conditions	See SES HASP
X		Heavy Powered Mobile Equipment Use	Excavators to load soil into trucks, truck traffic
	X	Language / Communication Difficulties	
X		Materials to be used	See Pre-Task Plan
	X	Overhead Work / Rigging	
	X	Special Equipment to be used	
X		Trenching / Excavation	See SES HASP
	X	Utilities System tie-in / restrictions	
X		Other Risks or Hazards	PCB/VOC-contaminated soils; Sodium Persulfate
Anticipated Project Required Precautions & Protective Measures Be sure that each identified Risk or Hazard is addressed (See Daily Pre-Task Plan for day-specific information)			
Need	N/A	Area	Specific measures that are required
X		Access & Egress Plans (People & Equipment)	To be developed on site with SES work crew
	X	Barricades needed	
	X	BASF equipment / materials to be used	
	X	Electrical safety equipment required	
	X	Elevator use	
X		Emergency Equipment	See SES HASP
X		Emergency Plans / Emergency Responder	See SES HASP
	X	Fall protection	
X		First Aid / Medical Treatment provisions	See SES HASP
	X	HOT WORK Procedure requirements	
	X	HVAC System requirements	
	X	LINE-BREAKING procedure requirements	



<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (12/23)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffolds / decking	
<input checked="" type="checkbox"/>		Temporary electrical power	See SES HASP
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Temporary Utilities services	
<input checked="" type="checkbox"/>		Trench / Excavation Boxes	See SES HASP
		Other Requirements	

Required Personal Protective Equipment (PPE) Identify the source/s used and check the appropriate boxes									
		<input type="checkbox"/> PPE GRID	<input checked="" type="checkbox"/> MSDS	<input type="checkbox"/> BASF Knowledge	<input type="checkbox"/> Work Provider Knowledge	<input type="checkbox"/> Prior SWP			
YES	NO	ITEM			YES	NO	Item		
<input checked="" type="checkbox"/>		Hardhat (either) <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Plastic				<input checked="" type="checkbox"/>	Rain Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants
<input checked="" type="checkbox"/>		Safety Glasses, ANZI-rated, side shields				<input checked="" type="checkbox"/>	Chemical Suit	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pants
	<input checked="" type="checkbox"/>	Goggles <input type="checkbox"/> Chemical <input type="checkbox"/> Dust				<input checked="" type="checkbox"/>	Personal Fall Protection Equipment		
	<input checked="" type="checkbox"/>	Faceshield			<input checked="" type="checkbox"/>		Gloves	<input checked="" type="checkbox"/> Chemical	<input type="checkbox"/> Work
<input checked="" type="checkbox"/>		Hearing Protection <input checked="" type="checkbox"/> Plugs <input type="checkbox"/> Muffs			<input checked="" type="checkbox"/>		Long sleeve shirt and steel toed boots with steel shank		
	<input checked="" type="checkbox"/>	Respirator <input type="checkbox"/> Half-mask <input type="checkbox"/> Full-face			<input checked="" type="checkbox"/>		Boots	<input type="checkbox"/> Rubber	<input checked="" type="checkbox"/> Other
	<input checked="" type="checkbox"/>	Dust Mask				<input checked="" type="checkbox"/>	Welding Protection		
	<input checked="" type="checkbox"/>	Fire Retardant Electrical Clothing				<input checked="" type="checkbox"/>	Retrieval System for Confined Spaces		
<input checked="" type="checkbox"/>		Eyewash Station			<input checked="" type="checkbox"/>		Mobile phone or radios		
<input checked="" type="checkbox"/>		Tyvek Suits			<input checked="" type="checkbox"/>		Insect repellent, sunscreen		
		Other PPE (list)			<input checked="" type="checkbox"/>		High-visibility, reflective vest		

Training Requirements		
Need	N/A	Area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BASF Safety Orientation (if required)
<input checked="" type="checkbox"/>		MSDS Reviews
<input checked="" type="checkbox"/>		Review of precautions listed above per SES HASP
<input checked="" type="checkbox"/>		Review of required PPE
		Other training (specify) –

<b>Project:</b> <b>BASF Facility</b> <b>Cranston, RI</b> <b>Date (12-3)</b>	<b>DAILY SAFE WORK FORM</b>	<b>SES</b> <b>(Page __ of __)</b>
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<b>STRATEGIC ENVIRONMENTAL SERVICES</b>  <b>PRE-TASK PLAN (PTP)</b>	<b>PROJECT / JOB / TASK (Description):</b> BASF Cranston/CMI Implementation	<b>LOCATION:</b> 180 Mill Street, Cranston, RI	<b>DATE</b>
<b>SES SUPERVISOR:</b> <i>Brian R. R.</i>			

Note: SES Daily Report Forms are completed daily (see attached), documenting work progress, equipment, personnel, weather, issues encountered and resolution, health and safety actions/issues, changes in work conditions, client interface.

Task List (Check off AND Circle today's activities)	
<input type="checkbox"/>	Task 1 - Permitting
<input type="checkbox"/>	Task 2 - Mobilization/Site Prep/Road & Decontamination Road Installation/Erosion Controls
<input checked="" type="checkbox"/>	Task 3 - Excavation/Decontamination/Soil Stock Piling/Loading/ISCO/Dewatering/Liquid Management
<input checked="" type="checkbox"/>	Task 4 - Transportation and Disposal of Contaminated Material
<input checked="" type="checkbox"/>	Task 5 - Backfilling and Grading/Geotextile and Vegetation Placement
<input type="checkbox"/>	Task 6 - Demobilization

Tasks, Potential Hazards, and Recommended Actions or Procedures				
Today's Activities (Check Each)	Task Number(s)	Hazards	Relative Hazard /Risk Rating*	Hazard Controls Mechanism and/or JSA (See HASP)
<input checked="" type="checkbox"/>	3	Chemical Hazards	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B1 Chemical: JSA 10
<input checked="" type="checkbox"/>	3,4,5	Dust/Fumes/Particulates	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B2 Dust: JSAs 1,2,4,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Job Zone Control	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B3 Job Zone Control; All JSAs
<input type="checkbox"/>	3,4,5,6	Heat	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B4 Heat: All JSAs
<input type="checkbox"/>	3,4,5,6	Cold	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B5 Cold; All JSAs
<input type="checkbox"/>	1,3,4,5,6	Severe Weather	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B6 Severe Weather: All JSAs
<input checked="" type="checkbox"/>	3,4,5,6	Walking/Working Surfaces	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B7 Safe Walking Surfaces and Work Areas: JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Noise	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B8 Noise: All JSA's
<input type="checkbox"/>	5,6	Live Electrical Equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	B14 Live Electrical Equip: JSA 5,6,9
<input type="checkbox"/>	4,5	Poor Lighting	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	B7 Safe Walking Surfaces and Work Areas; JSA 1,3,4,7
<input type="checkbox"/>	4,5,6	Overhead Hazards	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	B15 Overhead Hazards: JSA 2,5,6
<input checked="" type="checkbox"/>	3,4,5,6	Traffic Management (Vehicle, pedestrian interference)	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B17 Traffic Management: All JSA
<input checked="" type="checkbox"/>	5,6	Heavy machinery/drill rigs	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B18 Heavy Machinery: JSA 4,5
<input checked="" type="checkbox"/>	5,6	Trenching/Excavation	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	B19 Trenching/Excavation: JSA 4,5,6,8
<input checked="" type="checkbox"/>	1,3,4,5,6	Vehicle use	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	B20 Vehicle Use: All JSA
<input type="checkbox"/>	2,3	Work near/on water	NA <input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	B21 Work Near/On Water: JSA 1
<input type="checkbox"/>	4,5	Elevated heights (<4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	B22 Working from Heights (<4 feet)



Project:  
BASF Facility  
Cranston, RI  
Date (12-3)

# DAILY SAFE WORK FORM

SES  
(Page \_\_ of \_\_)

<input checked="" type="checkbox"/>	4,5	Elevated heights (>4ft)	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B23 Working from Heights (>4 feet)
<input type="checkbox"/>	5,6	Overhead/underground utilities	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B24 Overhead/Underground Utilities: JSA 1,3,4
<input type="checkbox"/>	4,5,6	Powered hand tools	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B25 Electrically Powered Equipment and Tools: JSA 9
<input type="checkbox"/>	4,5,6	Electrically powered equipment	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B25 Electrically Powered Equipment and Tools: JSA 9
<input checked="" type="checkbox"/>	4,5,6	Cutting devices/tools	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B26 Cutting Devices/Tools; JSA 9
<input type="checkbox"/>	4,5	Drums, cylinders, containers	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B1 Chemical: JSA 4
<input checked="" type="checkbox"/>	3,4,5,6	Material handling, ergonomics	NA <input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>	B29 Material Handling/Ergonomics: JSA 2,6,7,9
<input type="checkbox"/>	3,5,6	Poisonous/irritating plants	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Plants and Animals: All JSAs
<input type="checkbox"/>	4,5,6	Insects/rodents/snakes	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Plants and Animals; All JSAs
<input type="checkbox"/>	3,5,6	Ticks, mosquitos	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B32 Poisonous Plants, Animals, and Insects; All JSA
<input type="checkbox"/>	1,3,4,5,6	Employees working early/late	NA <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	B34 Personal Safety; All JSAs
<input type="checkbox"/>	Note: A single hazard may be listed under several Tasks. In this case, use the highest Severity ranking of the tasks evaluated as the overall ranking.			

Description of Any Additional Activities, And Associated Health and Safety Risks and Protective Procedures/Equipment:

Discussed vehicle slow and no CS needs or other H&S items needed to complete their work - inspection/location of onsite sewer manholes.

COMPANY NAME (performing work): <b>SES</b>	PROJECT / JOB / TASK (Description): <b>Decontamination of frac tanks</b>	LOCATION: <b>180 Mill Street Cranston, RI</b>	DATE: <b>12/3/18</b>
<b>PRE-TASK PLAN (PTP)</b>	SUPERVISOR: <del>Brian E...</del> <b>Brett Sullivan</b>		
Safe Work Permit Number:	CREW SIGN OFF:		
	<b>Charles McCarthy IV</b>		
	<b>Brett Sullivan</b>		
	<b>Michael JAMROZ</b>		
SEQUENCE OF TASK / JOB STEPS (Consider Equipment, Tools and Conditions)	POTENTIAL HAZARDS (Energy forms – Motion, Chemical, Radiation, Electrical, Gravity, Heat/Cold, Biological, Pressure)	RECOMMENDED ACTION OR PROCEDURE (When possible... <u>Eliminate</u> the energy, <u>Control</u> and/or <u>Protect</u> against unwanted contact/release)	
<b>Mobilization/Evaluation</b>	<b>Hazardous atmosphere, tank configuration exits and entrances</b>	<b>Evaluate air conditions using 4-gas meter, overview frac tank for hazardous materials</b>	
<b>Confined Space Entry/Decon</b>	<b>chemical, emergency procedures/conditions</b>	<b>Confined space permit identifying communication methods, procedures, emergency plan. Workers don tyvek suits, boots, chemical resistant gloves, respirators, hearing protection. Safety retrieval harnesses worn by all workers in frac tank. Spotter foreman at frac tank during entire operation.</b>	
		<b>Rescue personnel and equipment must be on site during all CSE work.</b>	
(Use and attach extra paper if needed, then attach this PTP to Permit for issuance)			



**BASF**

INACTIVE SITES

**SAFE WORK PERMIT****BASF**

The Chemical Company

**Servicing or Maintenance Work Description**Description of Work: *Decontamination of Fractionation Tanks*Start Date / Time *12/3/18 0830*Location of Work *180 Mill Street, Cranston RI  
Lot 1102***Servicing or Maintenance Work Provider Identification**Company Name *SES* # personnel *3*Contact Person *Brian Roe* # / type vehicles *1 / Support truck*Contact phone # *508-326-16523***This work also requires the use of the permits checked below**☒ CONTRACTOR SAFETY PLAN DOCUMENTS☐ LOCK, TAG, AND TRY PERMIT☒ PRE-TASK PLANNING FORM☒ CONFINED SPACE ENTRY PERMIT**Risks and Hazards Identification** Identify the source/s used and include necessary specific information

Used	N/A	Source	Specific Risk or Hazard that needs to be addressed
<input checked="" type="checkbox"/>		Pre-work Inspection of the work site	
	<input checked="" type="checkbox"/>	MSDS review / includes any 'new' chemicals	
	<input checked="" type="checkbox"/>	Crane Operations	
<input checked="" type="checkbox"/>		Elevated Work	<i>scaling up and down fraction tank ladders</i>
<input checked="" type="checkbox"/>		Environmental Conditions	<i>air conditions in tank, material in tank (residue)</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Heavy Powered Mobile Equipment Use	<i>generator use / electrical safety</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Language / Communication Difficulties	<i>hearing inside tank / use of PPE</i>
	<input checked="" type="checkbox"/>	Materials to be used	
	<input checked="" type="checkbox"/>	Overhead Work / Rigging	
	<input checked="" type="checkbox"/>	Special Equipment to be used	
	<input checked="" type="checkbox"/>	Trenching / Excavation	
	<input checked="" type="checkbox"/>	Utilities System tie-in / restrictions	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other Risks or Hazards	<i>Confined space entry</i>

**Required Precautions & Protective Measures** Be sure that each identified Risk or Hazard is addressed

Need	N/A	Area	Specific measures that are required
<input checked="" type="checkbox"/>		Access & Egress Plans (People & Equipment)	
	<input checked="" type="checkbox"/>	Barricades needed	
	<input checked="" type="checkbox"/>	BASF equipment / materials to be used	
<input checked="" type="checkbox"/>		Electrical safety equipment required	<i>GFCIs, road bumps to protect cords from vehicle traffic</i>
	<input checked="" type="checkbox"/>	Elevator use	
<input checked="" type="checkbox"/>		Emergency Equipment	<i>safety/retrieval harnesses, fire extinguisher</i>
<input checked="" type="checkbox"/>		Emergency Plans / Emergency Responder	<i>See SES HASP</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fall protection	<i>See SES HASP</i>
<input checked="" type="checkbox"/>		First Aid / Medical Treatment provisions	
	<input checked="" type="checkbox"/>	HOT WORK Procedure requirements	
	<input checked="" type="checkbox"/>	HVAC System requirements	
	<input checked="" type="checkbox"/>	LINE-BREAKING procedure requirements	
	<input checked="" type="checkbox"/>	Scaffolds / decking	
<input checked="" type="checkbox"/>		Temporary electrical power	<i>GFCI for lines to generator</i>
	<input checked="" type="checkbox"/>	Temporary Utilities services	
<input checked="" type="checkbox"/>		Trench / Excavation Boxes	
<input checked="" type="checkbox"/>		Other Requirements	<i>Air monitoring equipment (i.e. 4-gas meter)</i>



# Safe Work Permit

**Required Personal Protective Equipment (PPE)** Identify the source/s used and check the appropriate boxes

PPE GRID		MSDS	BASF Knowledge	Work Provider Knowledge	Prior SWP
YES	NO	ITEM	YES	NO	Item
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hardhat (either) <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rain Suit <input type="checkbox"/> Jacket <input type="checkbox"/> Pants
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Safety Glasses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chemical Suit <input checked="" type="checkbox"/> Jacket <input checked="" type="checkbox"/> Pants
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Goggles <input type="checkbox"/> Chemical <input type="checkbox"/> Dust	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal Fall Protection Equipment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Faceshield	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves <input checked="" type="checkbox"/> Chemical <input type="checkbox"/> Work
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hearing Protection <input checked="" type="checkbox"/> Plugs <input checked="" type="checkbox"/> Muffs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Safety Shoes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Respirator <input checked="" type="checkbox"/> Half-mask <input checked="" type="checkbox"/> Full-face	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Boots <input checked="" type="checkbox"/> Rubber <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dust Mask	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Welding Protection
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Retardant Electrical Clothing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Retrieval System for Confined Spaces
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER PPE			

## Training Requirements

Need	N/A	Area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BASF Safety Orientation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MSDS reviews
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Review of required precautions listed above
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Review of required PPE listed above
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other training (specify) - <i>confined space entry</i>

## Permit Issuer (PI) Authorization to work

- ☒ Notified all teams of work area
- ☒ Completed review of all sections above
- ☒ Work to start within 2 hours of listed Start Date / Time
- ☒ Reviewed requirements with Permit Acceptor

PI Signature / Date

*[Signature]* 12/3/18

## Permit Acceptor (PA) Agreement / Verification

- ☒ Acknowledge & Agree to listed requirements
- ☒ A copy of this SWP will be kept at the work area
- ☒ I understand written and spoken English and have means to communicate with my employees who cannot
- ☒ All personnel have been trained in required PPE
- ☒ All personnel will be informed of listed requirements
- ☒ Safety orientation to be completed as required

PA Signature / Date

*[Signature]* 12/3/18

## Permit Issuer (PI) Verification of Completion

- ☒ Post-work review of work site okay
- ☒ Equipment / area control returned to BASF
- ☒ Reports / other documentation received
- ☒ Reviewed the noted problem list with provider

Problems noted by the servicing or maintenance permit acceptor or those doing the work

Found	Fixed	Left Unfixed	Details

PI Signature / Date

*[Signature]* 12/3/18

## Permit Acceptor (PA) Verification of Completion

- ☒ Servicing or Maintenance Work activities completed
- ☒ Tools, equipment, materials removed from work site
- ☒ All personnel out of work area
- ☒ Work site as clean as when work started

PA Signature / Date

*[Signature]* 12/3/18



## CONFINED SPACE ENTRY PERMIT

ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED  
 ONE COPY MUST BE SUBMITTED TO THE HEALTH AND SAFETY SPECIALIST

LOCATION: 180 Mill St, Cranston, RI

DESCRIPTION OF SPACE: Confined Space, Frac tank used for dewatering

PURPOSE OF ENTRY: Frac Tank Down, cleaning before off-site removal

DATE: 12/3/18 START TIME: 1120 ENDING TIME: 1415

SUPERVISOR(S)	# OF CREW	PHONE
Brett Sullivan	3	401-578-1033

Special Requirements		Yes	No	Yes	No
Lockout / De-energize					
Lines Broken / Capped		X			
Purge / Flush / Vent		X			
Ventilation					
Secure Area		X			
Protective Clothing		X			
S.C.B.A.					
Escape Harness				X	
Tripod Escape Unit					
Lifelines					
Fire Extinguishers				X	
Lighting					
Respirator					
Air-line respirator				X	

**TEST(S) TO BE TAKEN**

Valid for one 8 hr. shift	P.E.L.*			Time	Time	Time	Time	Time	Time	Time	Time	Time
		Yes	No	1120	1135	1150	1205	1215	1330	1345	1400	1415
% of Oxygen	-19.5% - + 21%	X		20.9	20.9	20.8	20.9	20.9	20.9	20.9	20.9	20.9
% of L.E.L.*	Any % over 10%	X		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Carbon Monoxide	50 ppm	X		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Aromatic Hydrocarbon	10 ppm	X		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hydrocyanic Acid	10 ppm											
Hydrogen Sulfide	10 ppm	X		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sulfur Dioxide	5 ppm											
Ammonia	25 ppm											

NOTE: CONTINUOUS/PERIODIC TESTS SHALL BE ESTABLISHED BEFORE BEGINNING JOB.  
 ANY QUESTIONS PERTAINING TO TEST REQUIREMENTS SHOULD BE DIRECTED TO: Brett Sullivan

TESTING INSTRUMENTS USED: 4 Gas Meter NAME: V. Eatis TYPE: Mx4 I.D. NO.: 17111 PU-001

AUTHORIZED ENTRANTS: Michael J. Smith AUTHORIZED ATTENDANTS: Chad McCarty, Jr.

**PERMIT AUTHORIZATION**

I certify that all actions and conditions necessary for safe entry have been performed.

Brett Sullivan  
 name(print)

Brett Sullivan  
 signature

12/3/18  
 Date

\* PEL = PERMISSIBLE ENTRY LEVEL  
 Time  
 \* LEL = LOWER EXPLOSION LEVEL

FIRE: 911

AMBULANCE: 911

RESCUE: 911



AUTHORIZED ENTRANTS:	AUTHORIZED ATTENDANTS:	PERMIT AUTHORIZATION
<u><i>[Signature]</i></u>	<u><i>[Signature]</i></u>	I certify that all actions and conditions necessary for safe entry have been performed.
_____	_____	<u>Brett Sullivan</u> Name (print)
_____	_____	Signature: <u><i>[Signature]</i></u>
		Date: <u>12/3/18</u> Time: <u>1120</u>

#### Permit Closeout and Debrief

Additional Hazards Noted: Wet surfaces, slips, trips and falls

Entry Supervisor Signature (Closeout Completed)

*[Signature]* Date: 12/3/18

Name (print): Brett Sullivan

FIRE: 911

AMBULANCE: 911

RESCUE: Confined Space Rescue to be conducted by SES Employees (Cranston Fire Department to be notified of Confined Space Entry activities prior to entry. In case of emergency, dial 911.



## CONFINED SPACE ENTRY PERMIT

ALL COPIES OF PERMIT WILL REMAIN AT JOB SITE UNTIL JOB IS COMPLETED  
ONE COPY MUST BE SUBMITTED TO THE HEALTH AND SAFETY SPECIALIST

LOCATION: 180 Mill St, Cranston, RI

DESCRIPTION OF SPACE: Confined Space, Free Tank Used for dewatering

PURPOSE OF ENTRY: Free Tank Design, clearing before off-site removal

DATE: 12/3/18

START TIME: 0930

ENDING TIME: 1100

SUPERVISOR(S)	# OF CREW	PHONE
Brett Sullivan	3	401-578-1033

Special Requirements		yes	no	yes	no
Lockout / De-energize					
Lines Broken / Capped					
Purge / Flush / Vent		X			
Ventilation		X			
Secure Area					
Protective Clothing		X			
S.C.B.A.		X			
Escape Harness					
Tripod Escape Unit				X	
Lifelines					
Fire Extinguishers				X	
Lighting				X	
Respirator					
Air-line respirator				X	

### TEST(S) TO BE TAKEN

Valid for one 8 hr. shift	P.E.L.*	Yes	No	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
% of Oxygen	-19.5% ~ + 21%	X		0930	0945	1000	1015	1030	1045	1100			
% of L.E.L.*	Any % over 10%	X		20.9	20.9	20.9	20.9	20.9	20.9	20.9			
Carbon Monoxide	50 ppm	X		0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Aromatic Hydrocarbon	10 ppm	X		0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Hydrocyanic Acid	10 ppm			0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Hydrogen Sulfide	10 ppm	X		0.0	0.0	0.0	0.0	0.0	0.0	0.0			
Sulfur Dioxide	5 ppm												
Ammonia	25 ppm												

NOTE: CONTINUOUS/PERIODIC TESTS SHALL BE ESTABLISHED BEFORE BEGINNING JOB.  
ANY QUESTIONS PERTAINING TO TEST REQUIREMENTS SHOULD BE DIRECTED TO: Brett Sullivan

TESTING INSTRUMENTS USED

4 Gas Meter

NAME

VEbis

TYPE

MX4

I.D. NO.

17111PU-001

AUTHORIZED ENTRANTS: Charles McCarthy AUTHORIZED ATTENDANTS: Mike Jannas

### PERMIT AUTHORIZATION

I certify that all actions and conditions necessary for safe entry have been performed.

Brett Sullivan  
name(print)

Brett Sullivan  
signature

12/3/18

Date

\* PEL = PERMISSIBLE ENTRY LEVEL

Time

\* LEL = LOWER EXPLOSION LEVEL

FIRE: 911

AMBULANCE: 911

RESCUE: 911



AUTHORIZED ENTRANTS:	AUTHORIZED ATTENDANTS:	PERMIT AUTHORIZATION
<u>Daniel M. Gentry II</u>	<u>[Signature]</u>	I certify that all actions and conditions necessary for safe entry have been performed.  <u>Brett Sullivan</u> Name (print)  Signature: <u>[Signature]</u>  Date: <u>12/3/18</u> Time: <u>0930</u>
_____	_____	
_____	_____	

**Permit Closeout and Debrief**

Additional Hazards Noted: Wet surfaces, slips, trips and falls

\_\_\_\_\_

Entry Supervisor Signature (Closeout Completed)

[Signature] Date: 12/3/18

Name (print): Brett Sullivan

FIRE: 911 AMBULANCE: 911

**RESCUE:** Confined Space Rescue to be conducted by SES Employees (Cranston Fire Department to be notified of Confined Space Entry activities prior to entry. In case of emergency, dial 911.



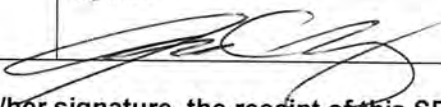
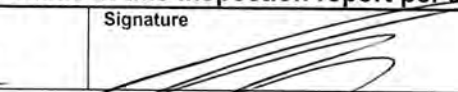
## SESC Plan Inspection Report

Project Information			
Name	Former Ciba-Geigy Facility		
Location	180 Mill Street, Cranston, RI (Lot 1102)		
DEM Permit No.	18-0048/RIR101724		
Site Owner	Name Joseph Guarnaccia	Phone 973-245-5269	Email Joseph.guarnaccia@basf.com
Site Operator	Name Brian Roe	Phone	Email broe@strategic-es.com
Inspection Information			
Inspector Name	Name Aaron C. Ting	Phone 978-577-7138	Email ating@aeiconsultants.com
Inspection Date	12/3/18	Start/End Time	0800-0830
Inspection Type <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Pre-storm event <input type="checkbox"/> During storm event <input type="checkbox"/> Post-storm event <input type="checkbox"/> Other			
Weather Information			
Last Rain Event Date: 12/2/18    Duration (hrs): 7    Approximate Rainfall (in): 0.58			
Rain Gauge Location & Source: On-site weather station (Davis Vantage Pro)			
Weather at time of this inspection: Partly Cloudy, 43°F			

Check statement that applies then sign and date below:

☒ I, as the designated Inspector, certify that this site has been inspected as required by regulation and I have determined that maintenance and corrective actions are not required at this time.

☐ I, as the designated Inspector, certify that this site has been inspected as required by regulation and I have made the determination that the site requires corrective actions. The required corrective actions are noted within this inspection report.

Inspector:	Print Name	Signature	Date
	Aaron C. Ting		12/3/18
The Site Operator acknowledges by his/her signature, the receipt of this SESC Plan inspection report and its findings. He/she acknowledges that all recommended corrective actions must be completed and documentation of all such corrective actions must be made in this inspection report per applicable regulations.			
Operator:	Print Name	Signature	Date
	Brian Roe		12-3-18

**Site-specific Control Measures**

Number the structural and non-structural stormwater control measures identified in the SESC Plan and on the SESC Site Plans and list them below (add as necessary). Bring a copy of this inspection form and any applicable SESC Site Plans with you during your inspections. This list will assist you to inspect all control measures at your site.

FILL THIS TABLE USING THE SESC PLAN TABLES 2.11 & 3.12.

	Location/Station	Control Measure Description	Installed & Operating Properly?	Assoc. Photo/ Figure #	Corrective Action Needed (Yes or No; if 'Yes', please detail action required)
1	Construction Site Exit including decontamination pad	RIDOT Standard Specifications  RI Soil Erosion and Sediment Control Book	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See photo log	
2	Project-wide including material stockpiles	Perimeter – compost filter socks (RIDOT 9.2.0); Stockpiles – haybales (RIDOT standard specification 206, 212)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3	Project wide including material stockpiles	RI SESC Handbook  Water for dust control/cover stockpiles  RIDOT Standard Specification/RISEC Handbook	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4	Adjacent Roads	Roads adjacent to construction site shall be clean at the end of each workday	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5	Project-wide	Pickup construction trash/debris	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6	Project-wide	Spill prevention/spill containment measures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7			<input type="checkbox"/> Yes <input type="checkbox"/> No		
8			<input type="checkbox"/> Yes <input type="checkbox"/> No		



**General Site Issues**

Below are some general site issues that should be assessed during inspections. Please **customize** this list as needed for conditions at the site.

	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
1	Have all control measures been installed as specified in the RISESC Handbook and prior to any earth disturbing activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo log ↓	
2	Are appropriate limits of disturbance (LOD) established?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3	Are controls that limit runoff from exposed soils by diverting, retaining, or detaining flows (such as check dams, sediment basins, etc.) in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
4	Are all temporary conveyance practices installed correctly and functioning as designed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
5	Has maintenance been performed as required to ensure continued proper function of all temporary conveyances practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
6	Were all exposed soils seeded by October 15 <sup>th</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
7	Have soils been stabilized where earth disturbance activities have permanently or temporarily ceased on any portion of the site and will not resume for more than 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
8	In instances where adequate vegetative stabilization was not established by November 15 <sup>th</sup> , have non-vegetative erosion control measures must be employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
9	If work is to continue from October 15 <sup>th</sup> through April 15 <sup>th</sup> , are steps taken to ensure that only the day's work area will be exposed and all erodible soil is stabilized within 5 working days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
10	Have inlet protection measures (such as fabric drop inlet protection, curb drop inlet protection, etc.) been properly installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
11	Has the operator cleaned and maintained inlet protection measures when needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
12	Has the operator removed accumulated sediment adjacent to inlet protection measures within 24 hours of detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
13	Has the operator properly installed outlet protection (such as riprap, turf mats, etc.) at all temporary and permanent discharge points?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
14	Are all outlet protection measures functioning properly in order to reduce discharge velocity, promote infiltration, and eliminate scour?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
15	Have all discharge points been inspected to ensure the prevention of scouring and channel erosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
16	Have sediment controls been installed along perimeter areas that will receive stormwater from earth disturbing activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log ↓	
17	Is the operator maintaining sediment controls in accordance with the requirements in the RI SESC Handbook?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
18	Have temporary sediment barriers been installed around permanent infiltration areas (such as bioretention areas, infiltration basins, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
19	Have staging areas and equipment routing been implemented to avoid compaction where permanent infiltration areas will be located?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
20	Are surface outlet structures (such as skimmers, siphons, etc.) installed for each temporary sediment basin? [Exception: frozen conditions]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
21	Have all temporary sediment basins or traps been inspected and maintained as required to ensure proper function?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
22	Does the project include the use of polymers, flocculants, or other chemicals to control erosion, sedimentation, or runoff from the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
23	Are all chemicals being managed in accordance with Appendix J of the RISESC Handbook and current best management practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
24	Has the site operator taken steps to <b>prohibit</b> the following pollutant discharges on the site?			
a	Contaminated groundwater.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log	



	Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
b	Wastewater from washout of concrete; unless properly contained, managed, and disposed of.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c	Wastewater from washout and cleanout of stucco, paint, form release oils, curing compounds, and other construction products.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
d	Fuels, oils, or other pollutants used in vehicle and equipment operation and maintenance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo log	
e	Soaps or solvents used in vehicle and equipment washing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
f	Toxic or hazardous substances from a spill or other release.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
25	Is the operator using properly constructed entrances/exits to the site so sediment removal occurs prior to vehicles exiting?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
26	If needed, are additional controls (such as rumble strips, rattle plates, etc.) in place to remove sediment from tires prior to exiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
27	Is sediment track-out being removed by the end of the same workday in which it occurs (via sweeping, shoveling, or vacuuming)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See photo log	
28	Are all wastes generated at the site being managed and properly disposed of by the end of each workday?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
29	Are all chemicals and hazardous waste materials stored properly in covered areas and surrounded by containment control systems?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
30	Has the operator established highly visible locations for the storage of spill prevention and control equipment on the construction site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
31	Are allowable non-stormwater discharges being managed properly with adequate controls?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
32	Is the site operator properly managing groundwater or stormwater that is removed from excavations, trenches, or similar points of accumulation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
33	Are proper procedures and controls in place for the storage of materials that may discharge pollutants if	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	

Compliance Question		Assoc. Photo/ Figure #	Corrective Action Needed (If 'Yes', please detail action required and include location/station)
exposed to stormwater?			
Are stockpiles located within the limits of disturbance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log	
Are stockpiles being protected from contact with stormwater using a temporary sediment barrier?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
Where needed, has cover or appropriate temporary vegetative or structural stabilization been utilized for stockpiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Is the operator effectively managing the generation of dust through the use of water, chemicals, or minimization of exposed soil?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	see photo log	
Are designated washout areas (such as wheel washing stations, washout for concrete, paint, stucco, etc.) clearly marked on the site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
Are vehicle fueling and maintenance areas properly located to prevent pollutants from impacting stormwater and sensitive receptors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	↓	
(Other)			



<sup>C</sup> PROJECT: Cranston, RI

INSPECTION DATE: 12/3/18

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General Field Comments: N/A

## Photos:

Photo #: 1	Station: North Site Description: Decontamination pad located on Lot 1102.
	
Photo #: 2	Station: Northwest Site Description: Construction entrance and roadway cleared on Mill Street.
	





Photo #: 3	Station: North Site
	Description: Wedge cut along north side of site. This wedge cut addresses sediment control onto and offsite. The CFS in this area have been removed.

Photo #: 4	Station: Northeast Site
	Description: Fractionation tanks to manage onsite groundwater removed from excavations.

Photo #: 5	Station: South Site
	Description: Staked CFS along southern property boundary.



**BASF**  
**180 Mill Street, Lot 1102**  
**Cranston, RI**

Date	Name	Company Name	Time In	Time out
12/3	B RIFE	SES	0:6'30	15:30
12/3	J. LEIGHTON	SES	0700	1530
12/3	Brett Sullivan	SES	0630	1530
12/3	Michael JAMRAS	SES	0630	1530
12/3	Aaron Ting	AEI	0700	1545
12/3/18	Joshua Klement	AEI	06:46	15:40
12/3/18	Charles McCarty	SES	0705	1530
12-3-18	ANTHONY DEMAIO	VEOLIA	8:26	<del>12:15</del> 1:30
12-3-2018	Ted DEMAIO	Veolia	8:26	<del>12:15</del> 1:30
12-3-18	James Thomas	Veolia	10:00 am	11:10 AM
12-3-18	John Ayte	Veolia	10 AM	11:10 AM

**DAILY PROJECT REPORT**

Project: BASF, Lot 1102  
180 Mill Street  
Cranston, RI

Submitted By: Aaron C. Ting

Signature: 

Date: 12/4/2018

**AEI**  
Consultants

Weather: Partly Cloudy

Daily

Precipitation: 0"

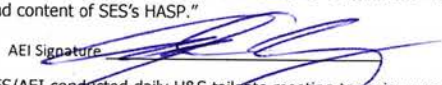
Temp: 37-22

(Hi - low)

PERSONNEL/EQUIPMENT	
Contractor No.	Owner/Representative: N/A
Superintendent	
1 Foremen SES	
H&S/QA Officer	
1 Operators SES	AEI Personnel: Aaron Ting 1
1 Laborers SES	Josh Klement 1
Other Trades (Surveyor)	
SubContractor No. Company/Firm	Visitors On Site: T. Dykstra (SES)
5 Total Personnel On Site	

MAJOR EQUIPMENT:	EQUIPMENT/MATERIALS RECEIVED:
1 support truck, Bobcat 289D skid steer, CAT 320C and 320E excavators	
CAT 996H Loader, 5 and 1 micron filters, vibratory roller	
carbon filtration system, CAT D3C dozer	
2-trash/recycling bins, 2-100 yd rail cars, 1-21,000 gallon frac tanks	
4,000 gallon baffle, 10,000 gallon, and 20,000 gallon frac tanks	

WORK COMPLETED:
Emplaced impermeable liner on about 2,400 square feet of the site.
Continued importation of processed gravel for final cover. About 289.7 tons were delivered to the site and stockpiled awaiting final emplacement.
Redig Type 2A and 2B soil locations (half day). About 2.7 cy of Type 2A soil and 5.6 cy of Type 2B soils removed. The Type 2A soils were loaded into a 15-cy dump canister awaiting transport to the RIRRC facility in Johnston, RI. The Type 2B soils were loaded into the onsite railcars awaiting transport to the WM Emelle facility in Emelle, AL.
Received concrete sample laboratory results from concrete contained within deep excavations. These concrete samples were requested by USEPA as part of the CMI WP revision request submitted in November 2018. The results were forwarded to BASF and then subsequently, upon BASF approval, to USEPA/RIDEM for their review and ultimate approval to the requested CMI WP revisions.
PCB results received within the floodway identified very high PCB concentrations in deeper soils (6 feet bgs). Therefore, AEI informed SES. SES to leave dewatering equipment until excavation scheduling can be determined between AEI and BASF. Depending upon BASF/AEI scheduling discussion, SES may need to provide change request for winter work conditions.
AEI setup perimeter dust monitors and no dust alerts observed onsite.

HEALTH & SAFETY:
AEI has reviewed SES's Safe Work Form/Pre-Task Plan for today, and verifies, by signing below, that these documents comply with the procedures and content of SES's HASP."
AEI Signature: 
SES/AEI conducted daily H&S tailgate meeting to review work scope and safety precautions/JSAs associated with safe work practices. See SES SWP/PTP for topics discussed and issues raised.

ISSUES/CHANGES/RESOLUTIONS:
N/A

DISCUSSIONS/CLIENT DIRECTION:
N/A





## DAILY WORKSHEET

Date: 12-4-18

Project Number: 18-0315

### CLIENT / SITE INFORMATION

Name: BASF

Address: 180 Mill St

Contact:

PROJECTS NOTES mob TO SITE H3 SATURDAY TALK DRCON LOADER +

CAT 320 REDIS CEN 396 2A 4.45 TON PLACE IN ROLL OFF CAN AND REDIS

CEN 377 9.25 TON PLACE INTO 30016 ROLL OFF CAN. MAKE FINE TINKS AND

INPUT (5) LOADS PROSSERS LAY FALDIC AND COVER. About 8,100 sq ft geotextile  
 and 7,400 sq ft impermeable.

### LABOR

### MATERIALS / EQUIPMENT / TOOLS

Name	Position	Travel	On-site	Off-Site	Travel
B ROPE	FS/OP	5:30	6:30	15:00	16:00
C MCCARTHY	FT	6:30	7:00	15:00	16:30
J LEIGHTON	OP	6:30	7:00	15:00	15:30

Quantity	Item / Description
	PPE Level: A B C D
1	CAT 320
1	CAT 966 LOADER
1	CAT SKID STEER HALVITERA
1	CAT D3 DOZER
1	Roller
1	CAT 320
1	Roll OFF CAN

### SUBCONTRACTORS

### WEATHER OBSERVATIONS

Project Manager's Signature: \_\_\_\_\_

Client's Signature: \_\_\_\_\_



Project: BASF Facility Cranston, RI Date <u>12-4</u>	DAILY SAFE WORK FORM No. __	SES, Sutton, MA (Page __ of __)
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<b>Servicing or Maintenance Work Description</b> Description of Work: CMI Implementation Project Start Date / Time: (Date) (Time) 12/4/18 0700 Location of Work 180 Mill Street, Cranston, RI		
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Strategic Environmental Services, Inc. (SES)	
Primary/Lead Company Name: SES	
Contact Person: BRIAN RIZ	
Contact phone # (508) 326-6523	

[illegible][illegible]